

| | | |
|--|---|--|
| HEALTHCARE PROVIDER: PHYSICIAN PHYSICIAN OFFICE STAFF AND HOSPITAL STAFF NURSE RESPIRATORY THERAPIST EMT/EMT-P (PARAMEDIC) TECHNICAL ASSISTANT FRONT OFFICE PERSONNEL (RECEPTIONIST, ETC.) PHYSICIAN ASSISTANT (PA) CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP) CERTIFIED REGISTERED NURSE MIDWIFE CERTIFIED MEDICAL ASSISTANT (CMA) | PATIENT: PATIENT PATIENT PROXY RELATIVE EXECUTOR GUARDIAN HEALTHCARE PROVIDER | HEALTHCARE SERVICES MANAGEMENT SYSTEMS: HMOs (HEALTH MANAGEMENT ORGANIZATIONS AND OTHER INSURERS) PBMs (PHARMACY BENEFIT MANAGERS/MANAGEMENT COMPANIES) PPMs (PHYSICIAN PRACTICE MANAGERS/MANAGEMENT COMPANIES) GOVERNMENT DATABASES (U.S., STATE, COUNTY, CITY) MEDICAID MEDICARE HOSPICE SYSTEMS COMMERCIAL EMPLOYEES WHO ARE SELF-INSURED COMMERCIAL INDEMNITY HEALTH INSURANCE PAYORS PSOS (PROVIDER SPONSORED ORGANIZATIONS TAKING INSURANCE RISK AND ACTING AS PAYOR) GOVERNMENT ENTITIES |
| 102 | 103 | 104 |

FIG-2A

| | | |
|--|--|---|
| PHARMACEUTICAL COMPANIES: MANUFACTURERS DISTRIBUTORS MARKETING COMPANIES (INCLUDING INDEPENDENT, 3rd PARTY COMPANIES REPRESENTING PHARMACEUTICAL COMPANIES) ADVERTISING AGENCIES HANDLING PHARMACEUTICAL ACCOUNTS PUBLIC RELATIONS COMPANIES HANDLING PHARMACEUTICAL ACCOUNTS | NON-HEALTHCARE PRODUCT & SERVICE VENDORS: FINANCIAL INSTITUTIONS ONLINE TRADING COMPANIES RETAIL MERCHANTS AUCTION COMPANIES EDUCATIONAL INSTITUTIONS AND COMPANIES NON-MEDICAL CHARITIES GOVERNMENT ENTITIES | HEALTH PRODUCT & SERVICE VENDORS: NON-PHARMACEUTICAL PRODUCT AND SERVICE MANUFACTURERS, DISTRIBUTORS, RESELLERS, DISEASE PREVENTION, SPECIFIC AND/OR GENERAL CONDITIONS, ILLNESSES, DISEASES, INJURIES GOVERNMENT ENTITIES |
| <u>105</u> | <u>106</u> | <u>107</u> |

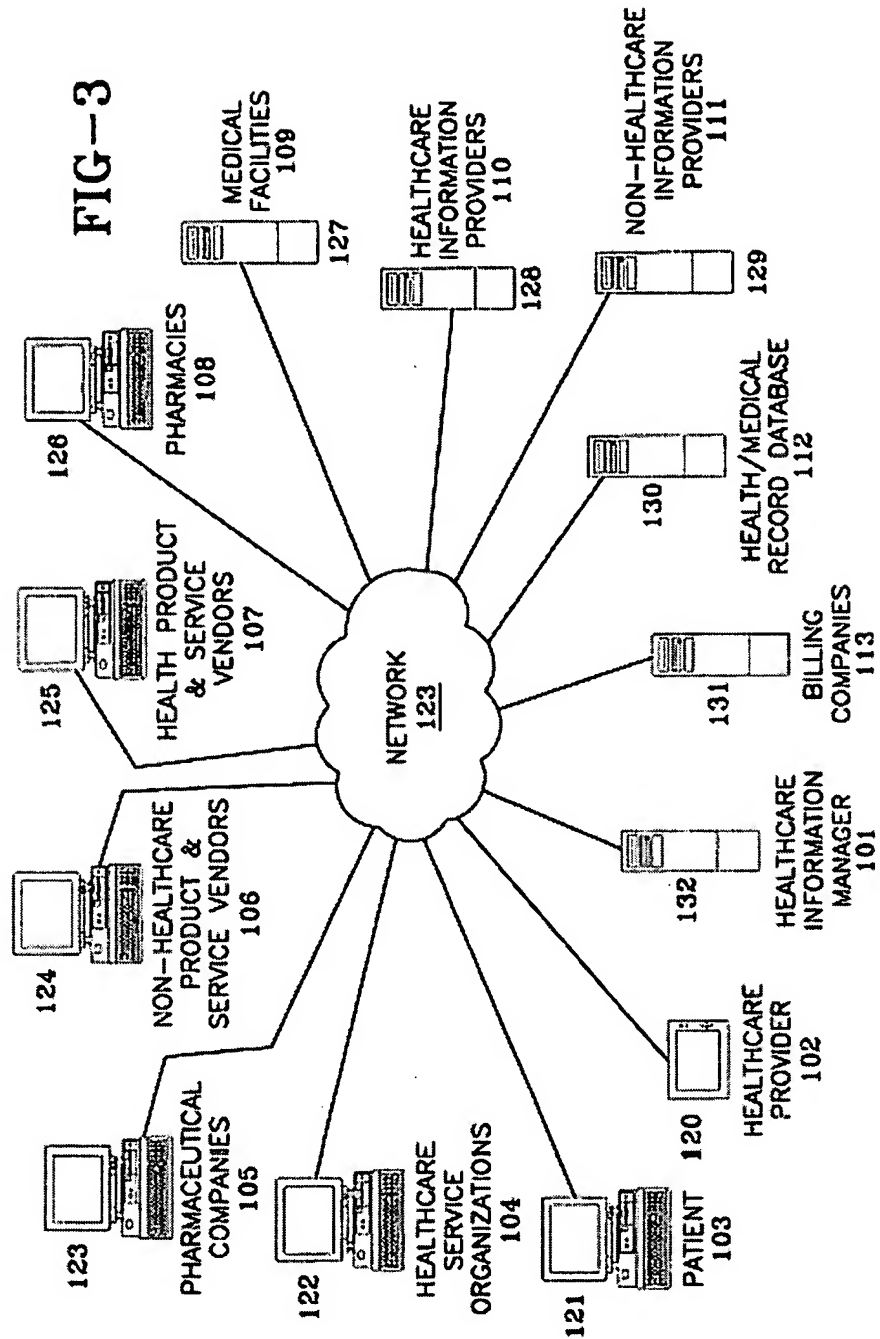
FIG-2B

| | | |
|---|---|---|
| PHARMACIES: RETAIL PHARMACIES CHAIN INDEPENDENT MASS MERCHANDISING MAIL ORDER INTERNET BASED PBM FULFILLMENT CENTERS HOSPITAL BASED CLINIC/OUTPATIENT BASED | MEDICAL FACILITIES: HOSPITALS PHYSICIAN OFFICES TREATMENT CENTERS OUTPATIENT CLINICS LABORATORIES IMAGING CENTERS MOBILE TESTING FACILITIES MOBILE TREATMENT FACILITIES SURGERY CENTERS REHABILITATION CLINICS MEDICAL RECORDS CENTERS OCCUPATIONAL HEALTH CENTERS CANCER CENTERS PAIN MANAGEMENT CENTERS HOSPICES SKILLED NURSING FACILITIES NURSING HOMES SUBACUTE HOSPITALS/FACILITIES PHYSICAL THERAPY CENTERS GOVERNMENT MEDICAL FACILITIES | HEALTH INFORMATION PROVIDERS: HEALTH INFORMATION WEB SITES/PORTALS PROFESSIONAL CONSUMER-ORIENTED 3rd PARTY INFORMATION SUPPLY COMPANIES (e.g. HEALTHSCOOUT) PUBLIC HEALTH INSTITUTIONS NATIONAL INSTITUTES OF HEALTH CENTERS FOR DISEASE CONTROL CHARITIES NON-PROFIT ORGANIZATIONS PROFESSIONAL SOCIETIES AMERICAN MEDICAL SOCIETY AMERICAN COLLEGE OF CARDIOLOGY |
| 108 | 109 | 110 |

FIG-2C

| | | | |
|--|--|---|--|
| NON-HEALTHCARE INFORMATION PROVIDERS: CONSUMER REPORTING COMPANIES PRICE COMPARISON COMPANIES CHARITABLE ORGANIZATIONS INFORMATION-RELATED WEB SITES GOVERNMENTAL ENTITIES | HEALTH/MEDICAL RECORD DATABASES: PersonalMD.com drkoop.com MedicalLogic DATA CENTER RECORD STORAGE | BILLING COMPANIES: MEDICAL BILLERS INSURANCE COMPANIES PRODUCT BILLERS THIRD-PARTY TRANSACTION COMPANIES | HEALTHCARE INFORMATION MANAGEMENT SYSTEM (RECARE DATA CENTER): ON-SITE STORAGE SYSTEMS ON-SITE PROCESSING SYSTEMS OFF-SITE STORAGE SYSTEMS OFF-SITE PROCESSING SYSTEMS THIRD-PARTY STORAGE SYSTEMS THIRD-PARTY PROCESSING SYSTEMS COLLOCATED STORAGE SYSTEMS COLLOCATED PROCESSING SYSTEMS |
| 111 | 112 | 113 | 101 |

FIG-2D



HEALTHCARE PROVIDER:
PATIENT'S MEDICAL RECORD INFORMATION
CHIEF COMPLAINT/REASON FOR VISIT
PFSH (PAST, FAMILY, AND SOCIAL HISTORY)
MEDICATIONS
ALLERGIES
ROS (REVIEW OF SYSTEMS)
PHYSICAL EXAMINATION FINDINGS
IMMUNIZATIONS
COUNSELING AND HEALTH EDUCATION
DIAGNOSES
PHARMACEUTICAL OR OTHER RELEVANT ADVERTISEMENTS
RELEVANT HEALTH INFORMATION (JOURNALS, ARTICLES, NEWS, TEXTS, UPDATES, ALERTS, ETC.)
PROMPTS FOR SENDING PATIENT INFORMATION
LAB ORDERS AND RESULTS
PRESCRIPTION ORDERS, REFILL REQUESTS, REFILL CONFIRMATIONS, ETC.
WARNINGS, ALERTS, CORRECTION REQUESTS, CLARIFICATION REQUESTS, CHANGE REQUESTS
PRESCRIPTION PICK-UP CONFIRMATION
TEST ORDERS, RESULTS, AND INTERPRETATIONS
EKGs
X-RAYS
MRIs
CTs

500

TO FIG-4B

FIG-4A

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FROM FIG-4A

CONSULT INFORMATION, REQUESTS, REPORTS
REFERRAL INFORMATION, REQUESTS, REPORTS
CME (CONTINUING MEDICAL EDUCATION) INFORMATION (COURSES, PROGRAMS, TEST EVALUATIONS,
CREDITS, CERTIFICATES)
PATIENT-ENTERED TOPICS OF INTEREST
FORMULARY INFORMATION
PATIENT INSURANCE ENROLLMENT STATUS
BILLING AND CODING INFORMATION
PERSONAL SCHEDULING INFORMATION, ALERTS, ETC.
ADMINISTRATIVE NOTICES
PHARMACOPOEIA INFORMATION
VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)
AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)

500

FIG-4B

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PATIENT PROXY:
GENERAL PATIENT INFORMATION
DEMOGRAPHICS (NAME, ADDRESS, PHONE, EMAIL, ETC.)
EMPLOYER AND OCCUPATION INFORMATION
NAME OF INSURANCE COMPANY AND POLICY OR GROUP NUMBER
PHARMACY SELECTION CRITERIA
PHARMACY SELECTION
INFORMATION RELATED TO PHARMACY SELECTION (MAPS, DIRECTIONS)
PATIENT'S MEDICAL RECORD INFORMATION
CHIEF COMPLAINT/REASON FOR VISIT
PFSH (PAST, FAMILY, AND SOCIAL HISTORY)
MEDICATIONS
ALLERGIES
ROS (REVIEW OF SYSTEMS)
PHYSICAL EXAMINATION FINDINGS
DIAGNOSES
PHARMACEUTICAL OR OTHER RELEVANT ADVERTISEMENTS
RELEVANT HEALTH INFORMATION (JOURNALS, ARTICLES, NEWS, UPDATES, ALERTS)
PROMPTS FOR SENDING INFORMATION TO OTHERS
MESSAGES FROM PHYSICIAN/PHYSICIAN PROXIES
SELECTED LAB ORDERS (URINALYSIS, TB SCREEN, ETC.) AND RESULTS

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TO FIG-4D

FIG-4C

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FROM FIG-4C

PREScription REFILL REQUESTS, REFILL CONFIRMATIONS, ETC.
WARNINGS, ALERTS, CORRECTION REQUESTS, CLARIFICATION REQUESTS, CHANGE REQUESTS
PREScription PICK-UP CONFIRMATION
TEST RESULTS AND INTERPRETATIONS
EKGs
X-RAYS
MRIs
CTs
CONSULT INFORMATION, REPORTS
REFERRAL INFORMATION, REPORTS
INFORMATIVE PROGRAMS (MEDICAL, HEALTHCARE, WELLNESS, EXERCISE, ETC)
PATIENT-ENTERED TOPICS OF INTEREST
FORMULARY INFORMATION
PATIENT INSURANCE ENROLLMENT STATUS
PERSONAL SCHEDULING INFORMATION, ALERTS, ETC.
PHARMACOPOEIA INFORMATION
VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)
AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)

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FIG-4D

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| | | |
|--|---|--|
| HEALTHCARE SERVICES ORGANIZATIONS: FORMULARY INFORMATION ENROLLMENT INFORMATION REGULATION INFORMATION BILLING INFORMATION VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE) AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE) | PHARMACEUTICAL COMPANIES: ADVERTISEMENTS PROMOTIONAL MATERIALS (PRINTABLE BROCHURES, ETC.) WHITE PAPERS PRESCRIBING INFORMATION REPORTS ON AD EFFECTIVENESS, ROI, PHYSICIAN PRESCRIBING HABITS, ETC. WARNINGS AND ALERTS/RECALLS JOURNAL ARTICLES, TEXTBOOKS (AND/OR EXCERPTS), ETC. SCHEDULING INFORMATION PRESCRIBING HABITS VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE) AUDIO (REALPLAYER, LIVE PERSON-TO-PERSON/CONFERENCE) | NON-HEALTHCARE PRODUCT AND SERVICE VENDORS: FINANCIAL INFORMATION RETAIL INFORMATION TRANSACTION INFORMATION ADVERTISEMENTS EDUCATIONAL INFORMATION |
| <u>502</u> | <u>503</u> | <u>504</u> |

FIG-4E

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| | | |
|---|--|--|
| <p>HEALTHCARE PRODUCT AND SERVICE VENDORS: ADVERTISEMENTS</p> <p>INFORMATION (PRODUCT INFORMATION, SERVICE INFORMATION)</p> <p>REPORTS ON AD EFFECTIVENESS, ROI, CONSUMER BUYING HABITS, ETC.</p> <p>VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>FINANCIAL INFORMATION</p> <p>RETAIL INFORMATION</p> <p>TRANSACTION INFORMATION</p> <p>EDUCATIONAL INFORMATION</p> | <p>PHARMACIES: ADVERTISEMENTS</p> <p>LOGOS</p> <p>PHARMACY SELECTION AND ROUTING INFORMATION</p> <p>VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>PRESCRIPTION INFORMATION</p> <p>REPORTS ON AD EFFECTIVENESS, ROI, ETC.</p> <p>ALERTS/WARNINGS REQUESTS FOR CLARIFICATION, REFILLS, SUBSTITUTIONS, ETC.</p> <p>TRANSACTION INFORMATION</p> <p>COMPLIANCE REPORTS (e.g. PATIENT PICKUP INFORMATION)</p> | <p>MEDICAL FACILITIES: MEDICAL RECORDS</p> <p>LAB ORDERS AND REPORTS</p> <p>PRESCRIPTION ORDERS, REFILL REQUESTS, REFILL CONFIRMATIONS, ETC.</p> <p>TEST ORDERS, RESULTS, AND INTERPRETATIONS (EKGs, MRIs, X-RAYS, CTs ETC.)</p> <p>CONSULT INFORMATION, REQUESTS, AND REPORTS</p> <p>REFERRAL INFORMATION, REQUESTS, AND REPORTS</p> <p>HEALTH INFORMATION (EDUCATIONAL MATERIALS, NEWSLETTERS)</p> <p>ADVERTISEMENTS</p> <p>INSURANCE INFORMATION</p> <p>CME (CONTINUING MEDICAL EDUCATION) INFORMATION</p> <p>BILLING INFORMATION</p> <p>VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>PLUS ALL ITEMS LISTED UNDER HEALTHCARE PROVIDER NOT EXPLICITLY MENTIONED HERE</p> |
| 505 | 506 | 507 |

FIG-4F

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| | |
|--|--|
| HEALTH INFORMATION PROVIDERS: HEALTH INFORMATION NEWS ARTICLES BOOKS VIDEO (DOWNLOADABLE, LIVE, PERSON-TO- PERSON/CONFERENCE ADVERTISEMENTS ALL ITEMS LISTED IN MEDICAL FACILITIES 508 | NON-HEALTH INFORMATION PROVIDERS: INFORMATION NEWS ARTICLES BOOKS VIDEO (DOWNLOADABLE, LIVE, PERSON-TO- PERSON/CONFERENCE ADVERTISEMENTS ALL ITEMS LISTED IN MEDICAL FACILITIES 509 |
| HEALTH/MEDICAL RECORD DATABASES: ALL ITEMS LISTED UNDER HEALTHCARE PROVIDER 510 | BILLING COMPANIES: ALL ITEMS LISTED UNDER HEALTHCARE PROVIDER AND MEDICAL FACILITIES 511 |
| HEALTHCARE INFORMATION MANAGER: ALL ITEMS UNDER HEALTHCARE PROVIDER, PATIENT, HEALTHCARE SERVICES ORGANIZATIONS, PHARMACEUTICAL COMPANIES, NON-HEALTHCARE PRODUCT AND SERVICE VENDORS, HEALTH PRODUCT AND SERVICE VENDORS, PHARMACIES, MEDICAL FACILITIES, HEALTH INFORMATION PROVIDERS, NON-HEALTHCARE INFORMATION PROVIDERS, HEALTH/MEDICAL RECORD DATABASE, AND BILLING COMPANIES 512 | |

FIG-4G

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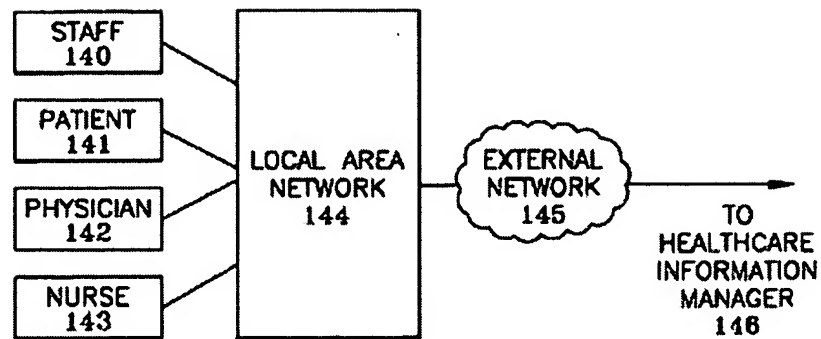


FIG-5A

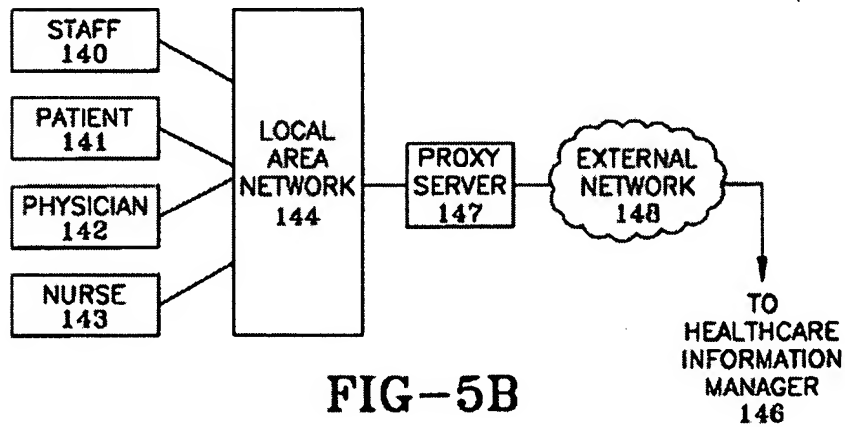


FIG-5B

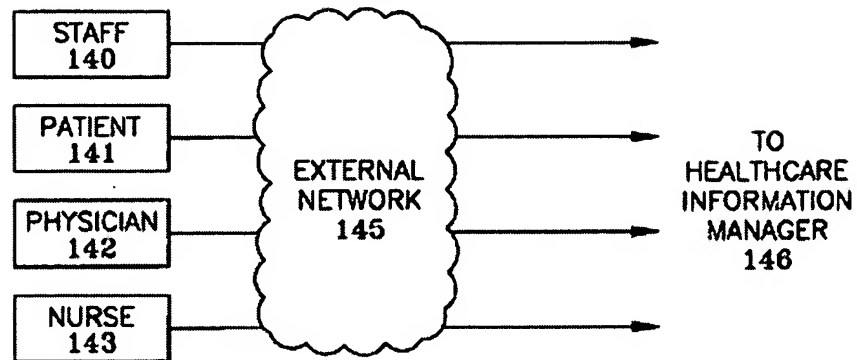


FIG-5C

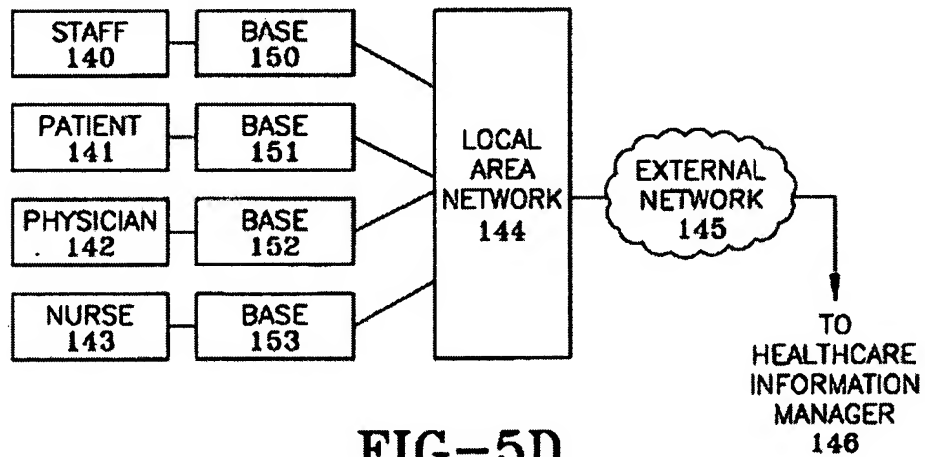


FIG-5D

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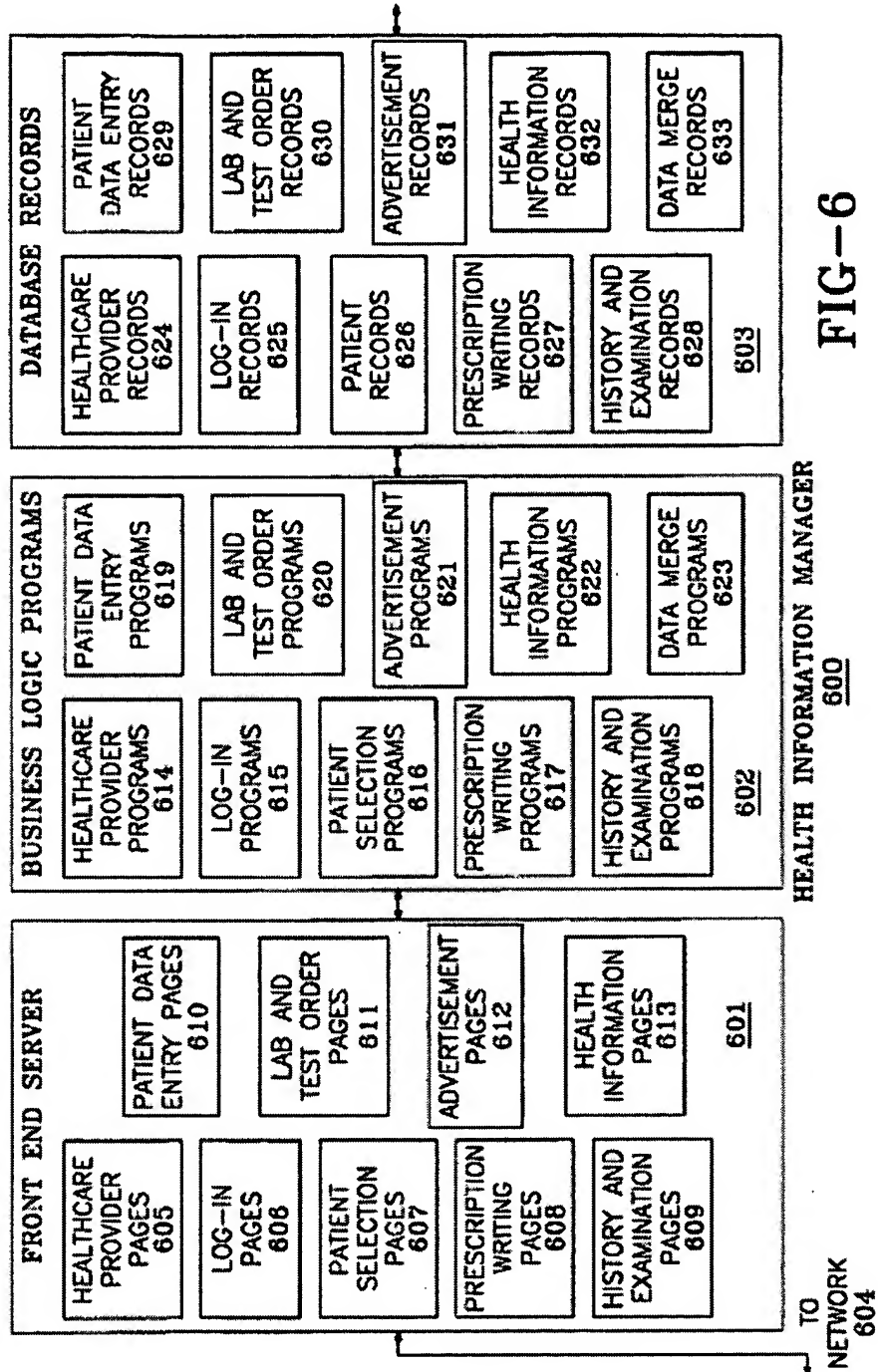


FIG-6

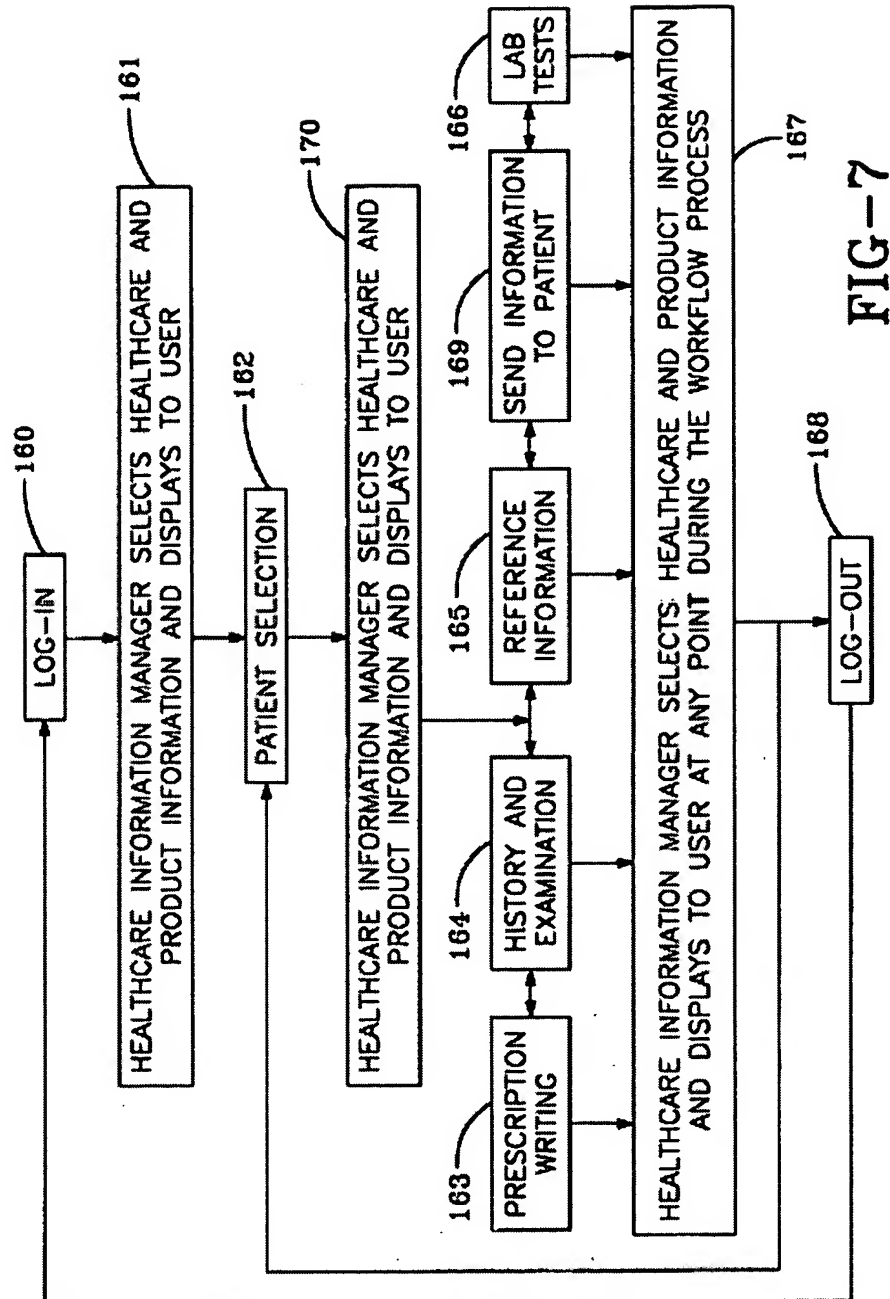
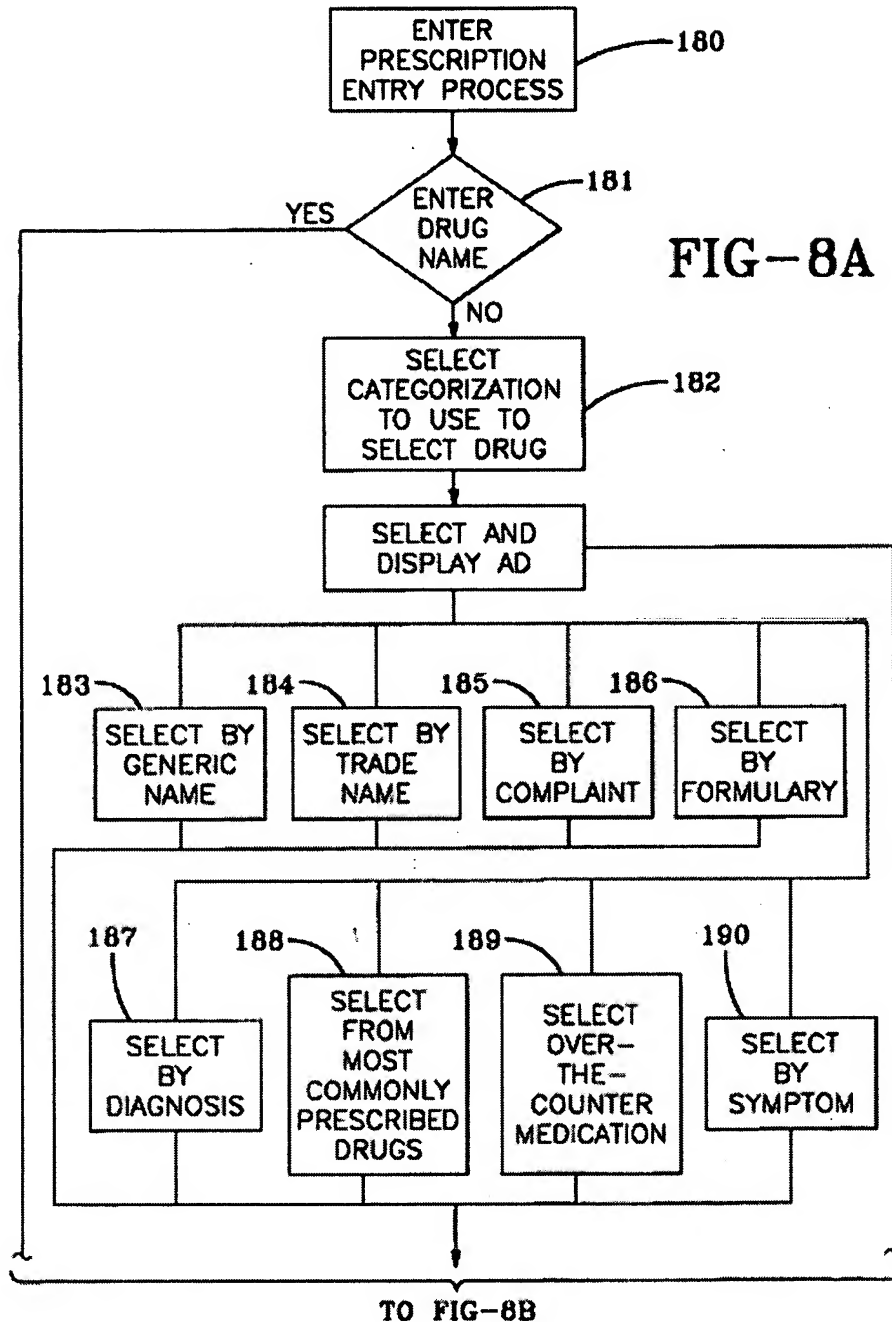


FIG--7



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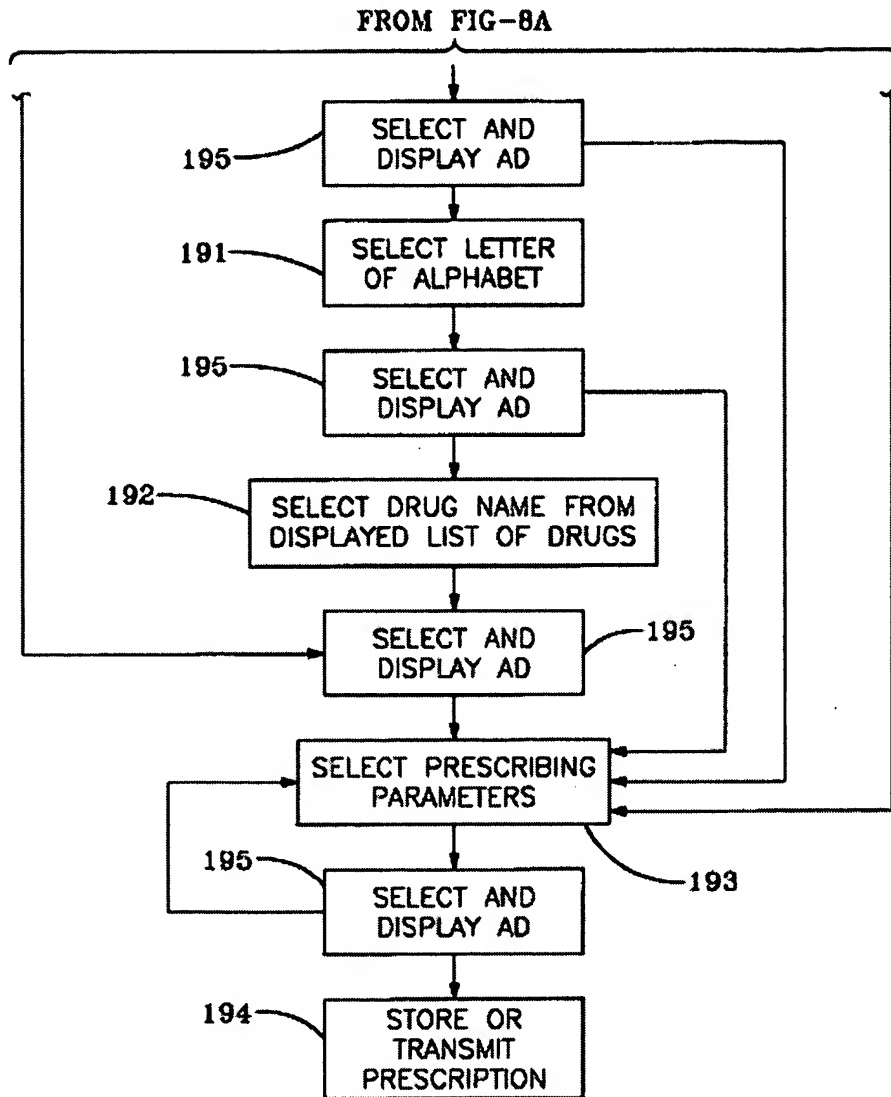


FIG-8B

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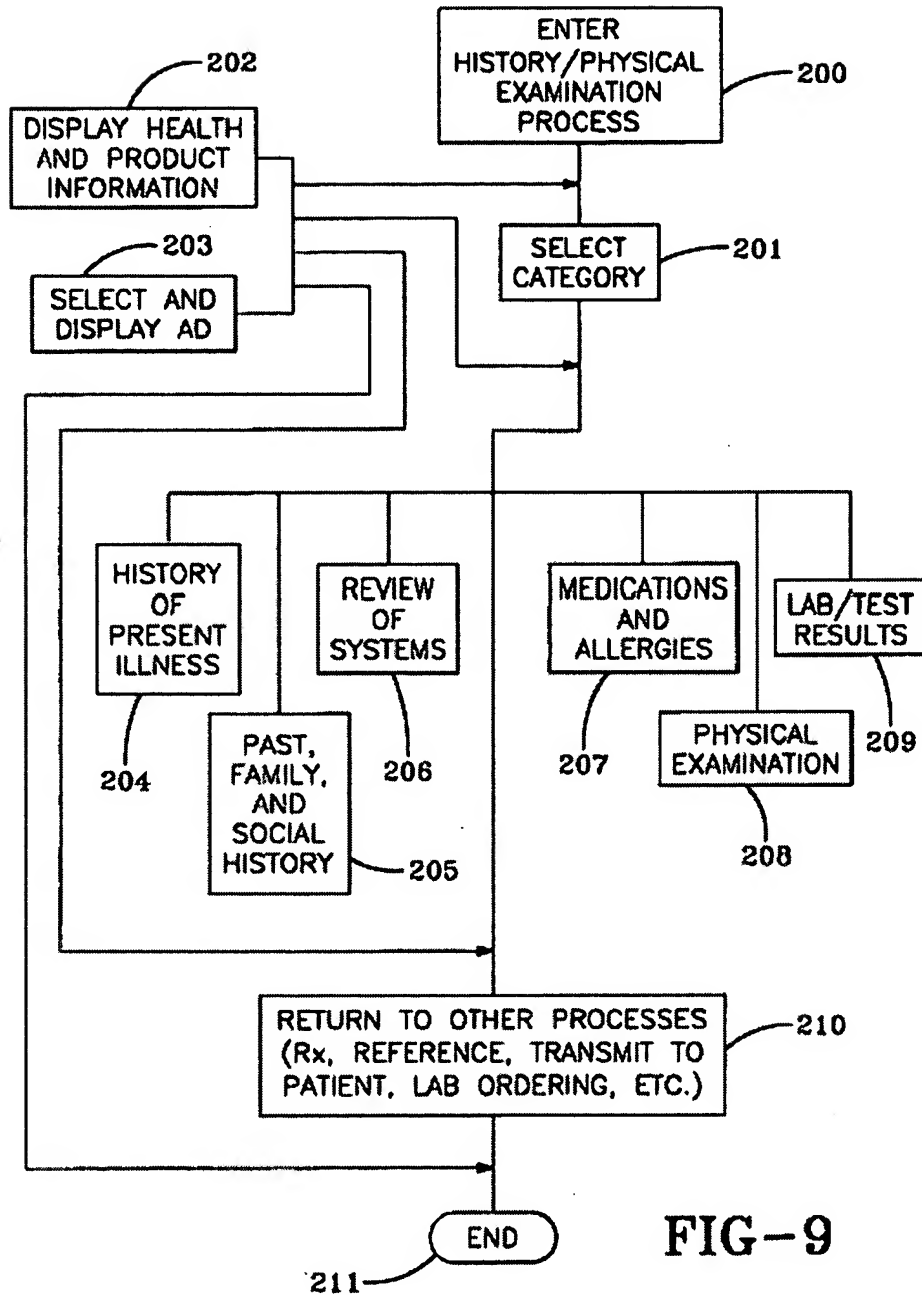


FIG-9

835

FIG-10

[illegible]

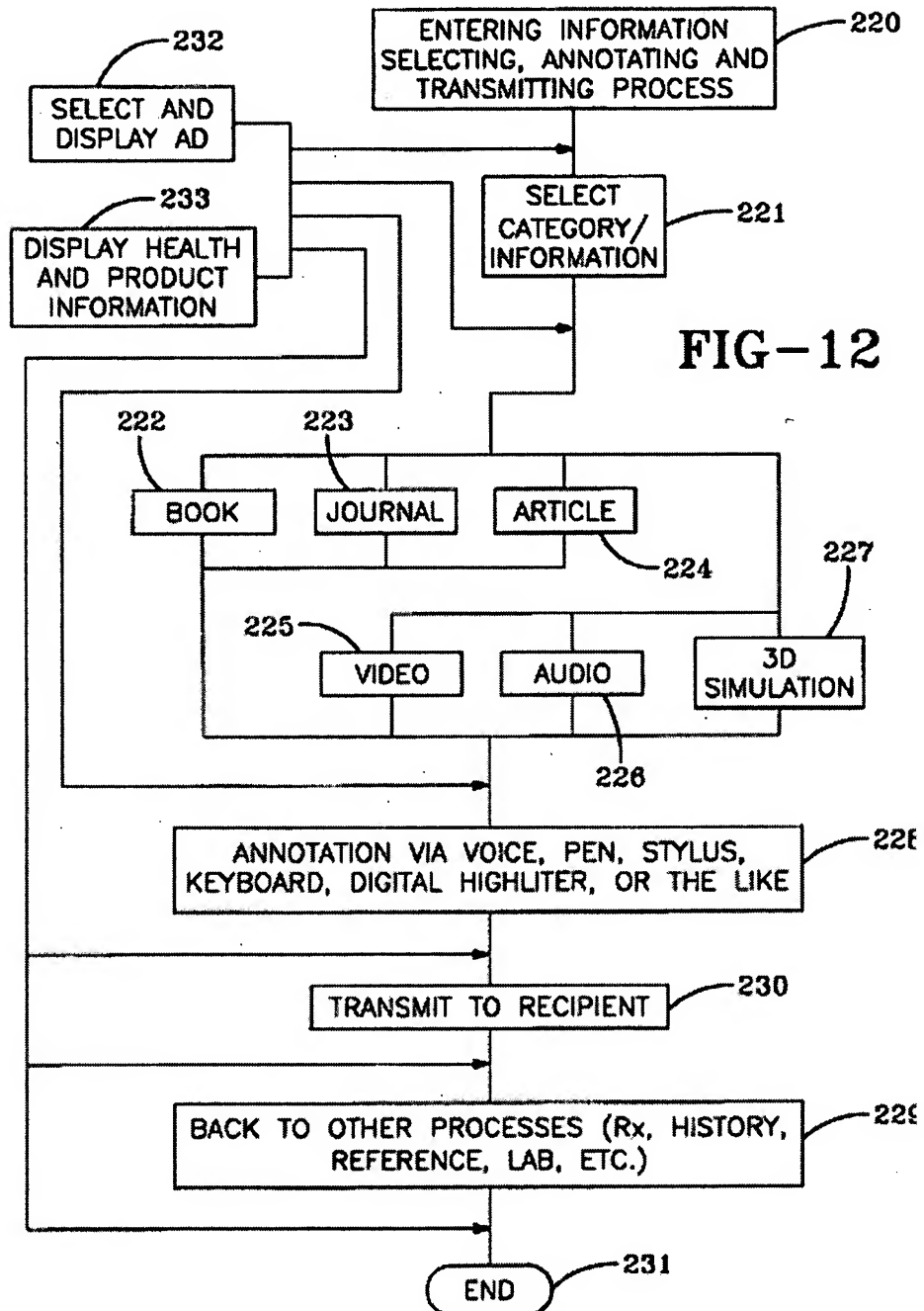
PATIENT
RECORD:
JOHN DOE

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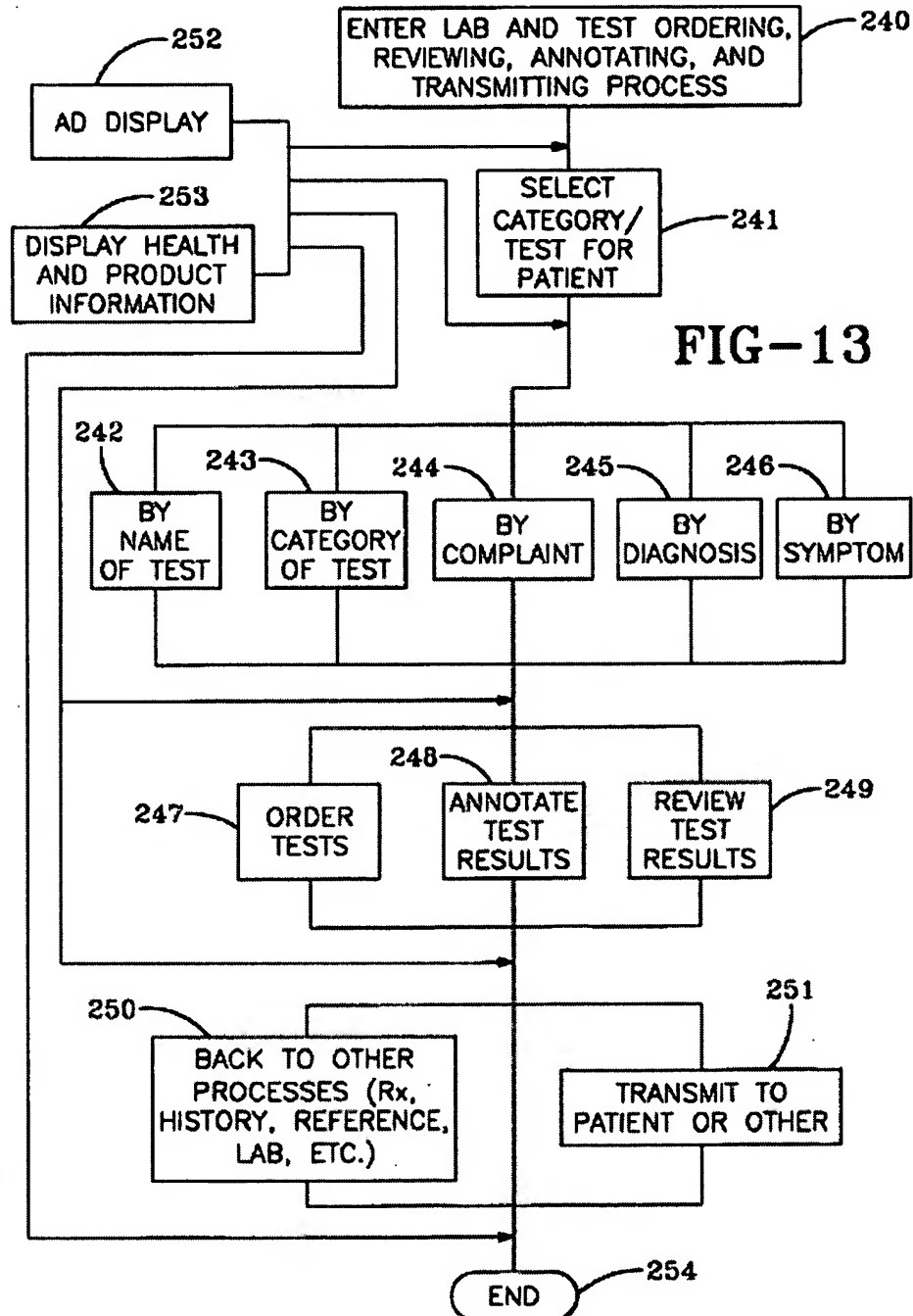
| ADVERTISEMENT | | | | |
|--|--|---|---|---|
| DIAGNOSIS RESULTS | | | | |
| CBC ___ WNL ___ Abnormal: Hgb ___ Hct ___ Plat ___ WBC ___ Bands ___ Segs ___ Lymphs ___ Monos ___ Eos ___ | SMA ___ ___ WNL ___ Abnormal: Na ___ K ___ Cl ___ CO2 ___ BUN ___ Creat. ___ Glucose ___ Ca ___ Other Chems: ___ | Cardio Trop-I ___ CK ___ CKMB ___ Coagulation ___ PT ___ PTT ___ INR ___ Abdom. Chem. ___ Amylase ___ Lipase ___ Tbil ___ SGOT ___ SGPT ___ | Urinalysis ___ WNL ___ Abnormal: WBC ___ RBCs ___ LE ___ Nitrate ___ Bact. ___ Ketones ___ | Other Test Results: _____ _____ _____ _____ _____ _____ _____ _____ _____ |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EKG ___ EKG Normal ___ NSR ___ Normal Axis ___ Normal Intervals ___ Normal QRS ___ Normal ST/T ___ Discussed w/ Cardiologist Repeat EKG: Time: _____ ___ Unchanged ___ Changed: _____ </div> <div style="width: 45%;"> Abnormalities: ___ Inverted T Wave ___ Long PR Interval ___ ST Elevation ___ ST Depression ___ Wide QRS Int. ___ Other: _____ </div> </div> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> C-Spine XRAY ___ Normal/Nad ___ Epiglottis WNL ___ Soft Tissues WNL ___ Discussed with Radiologist Other/Notes: _____ </div> <div style="width: 45%;"> ___ Fracture ___ Enlgd Epiglottis ___ Lesions/Nodes </div> </div> | | | | |

FIG-11

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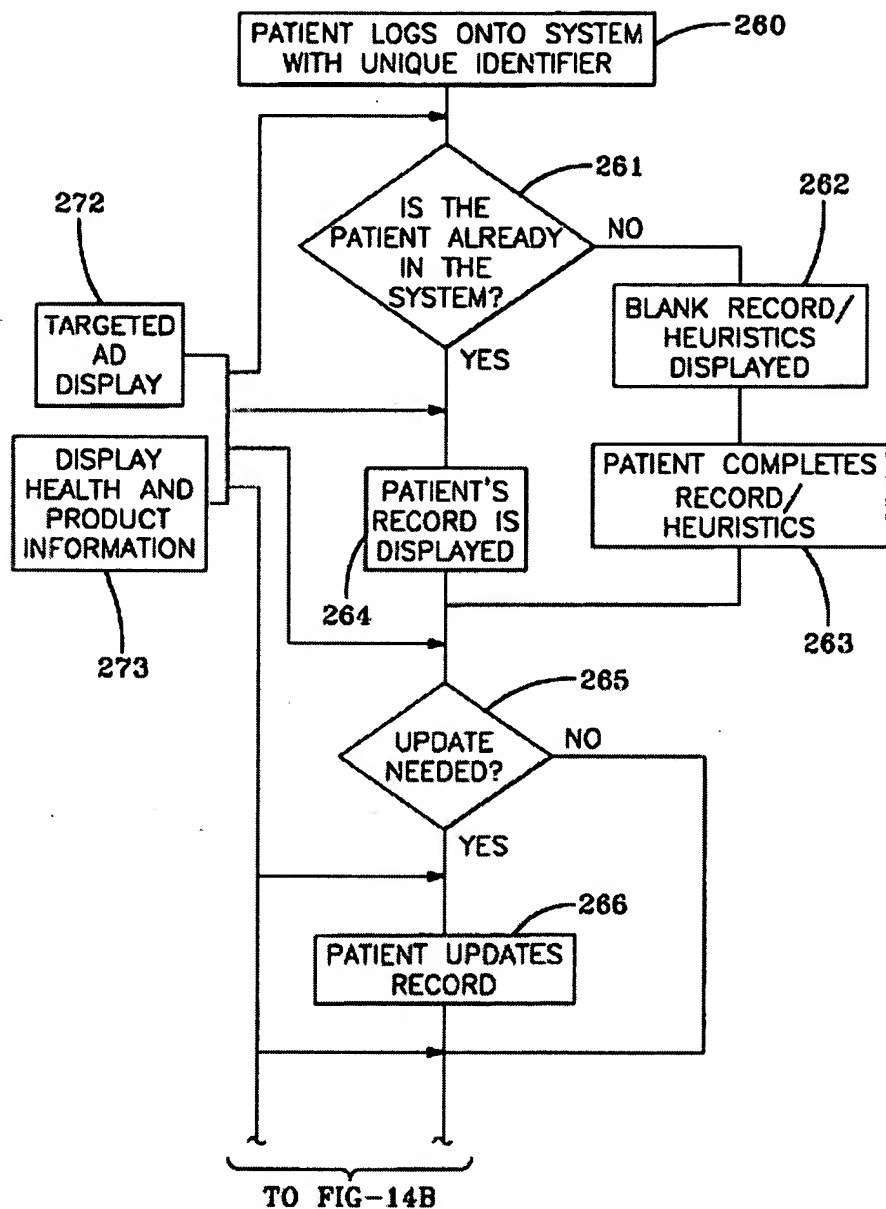


FIG-14A

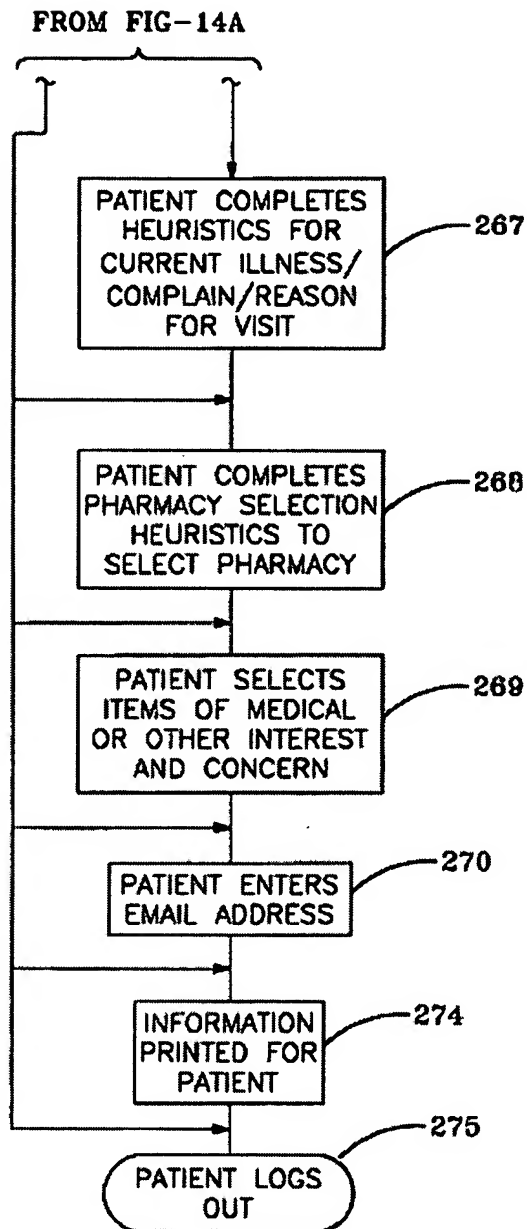


FIG-14B

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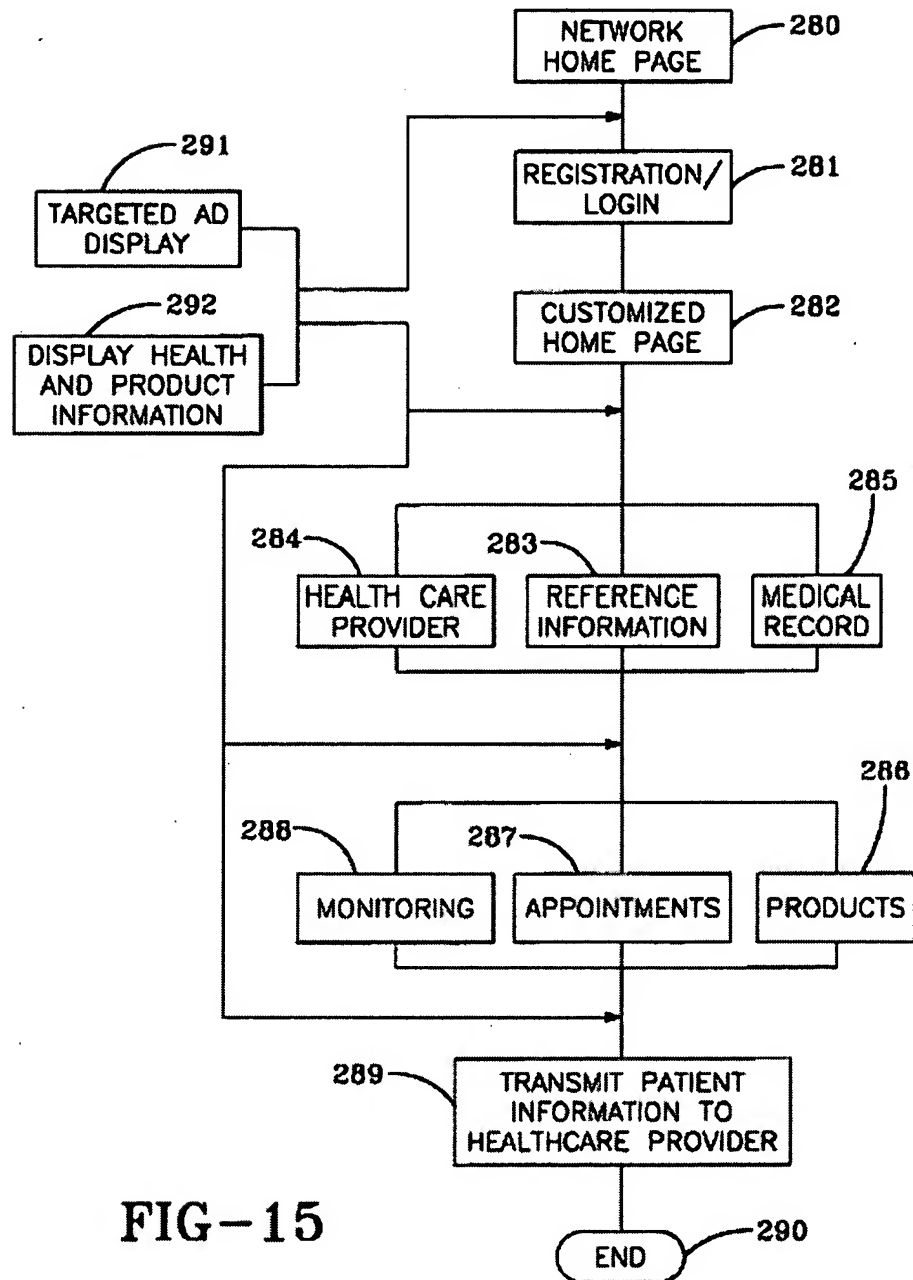


FIG-15

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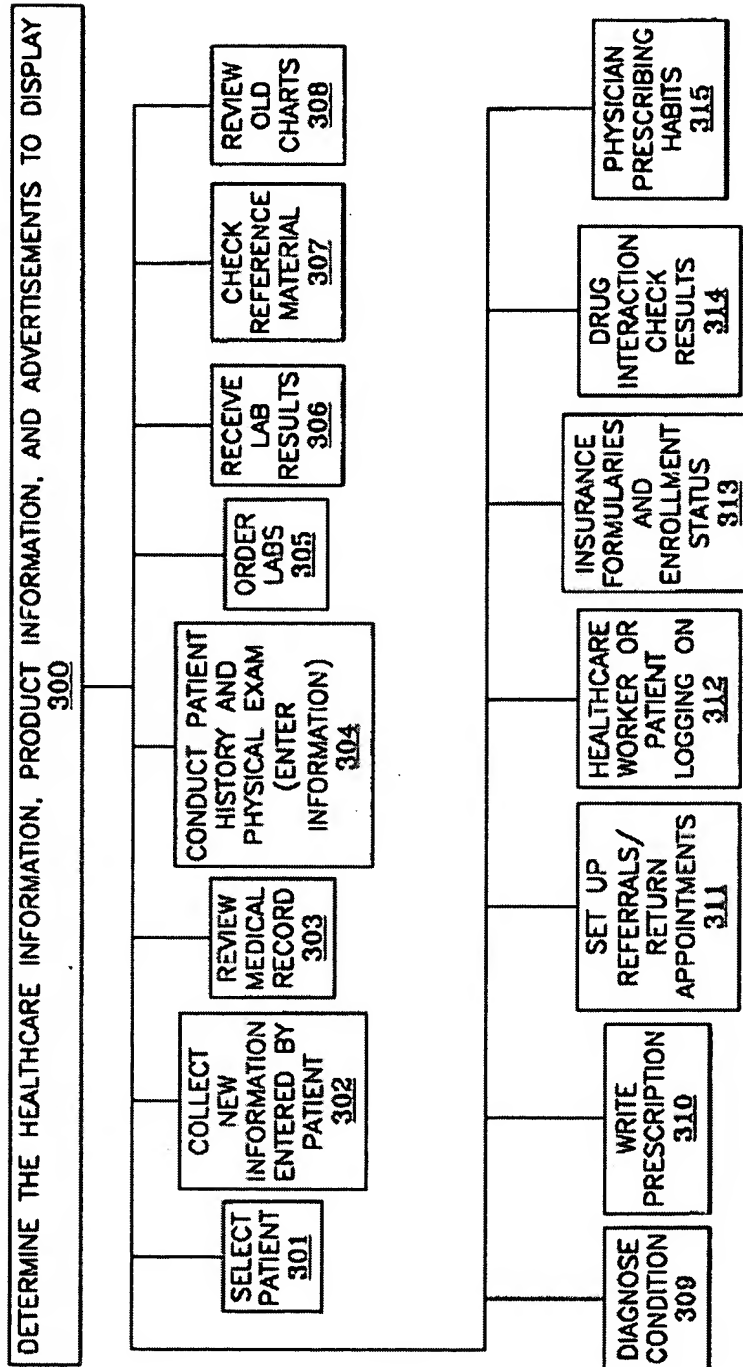
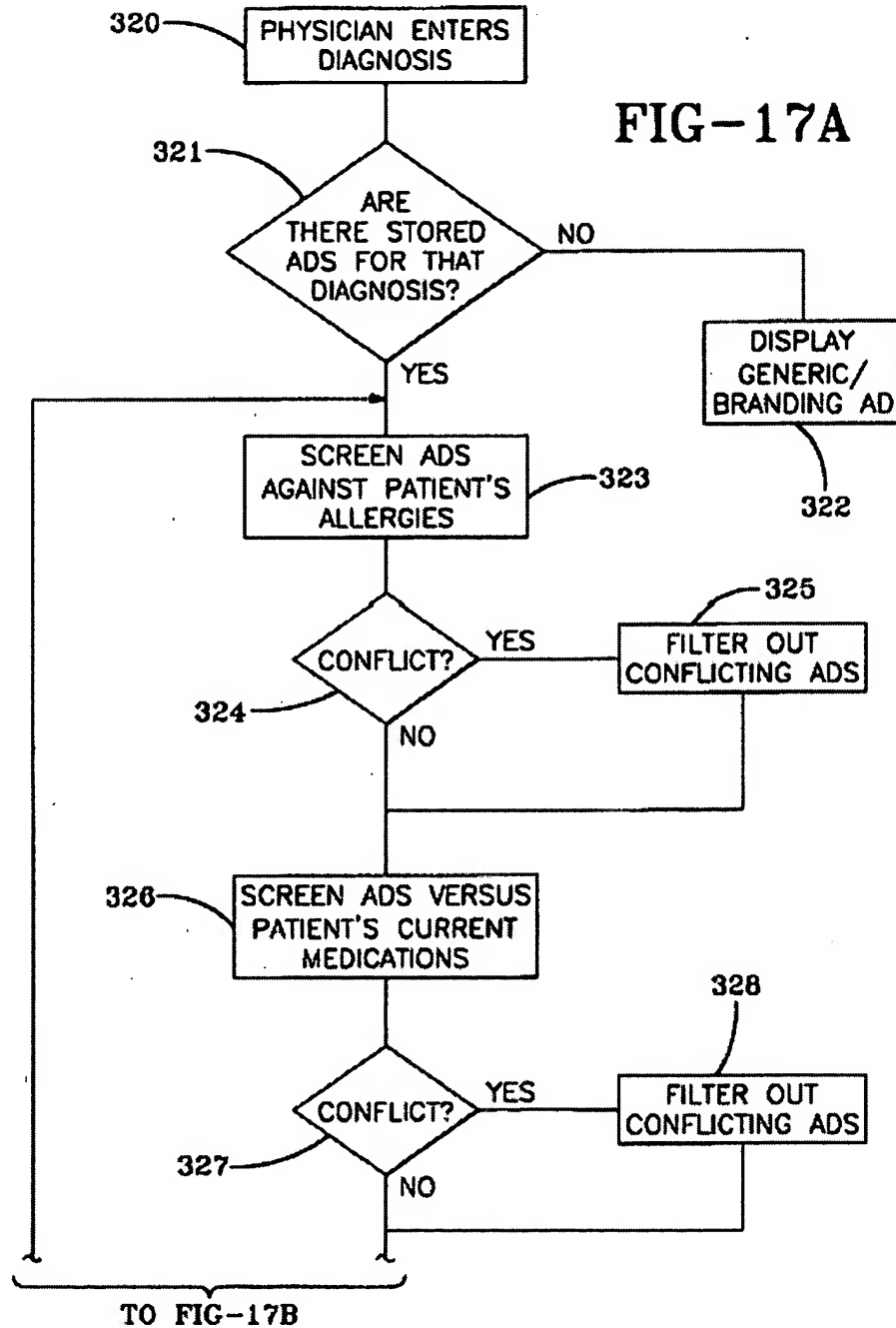
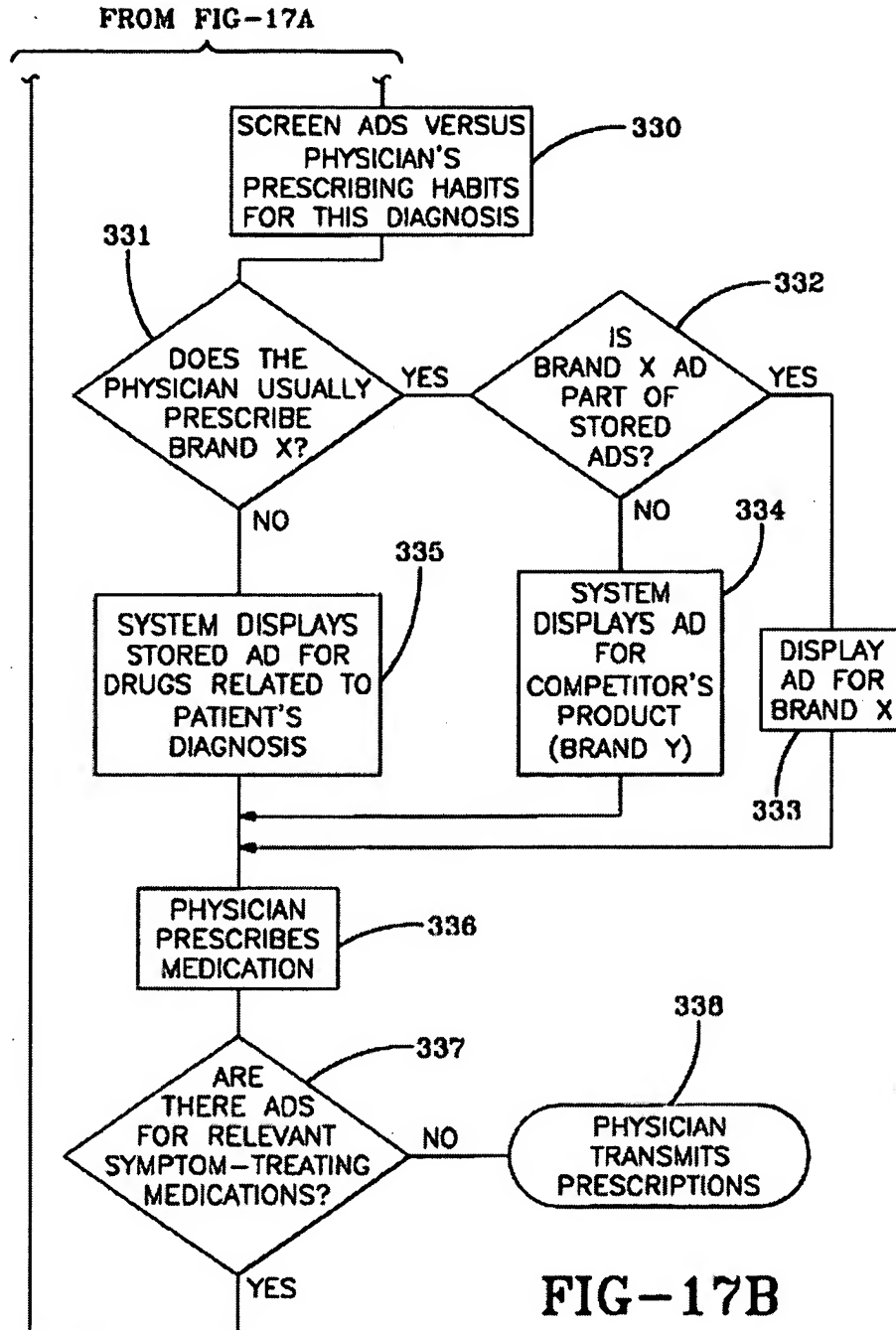


FIG-16

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FIG-17A





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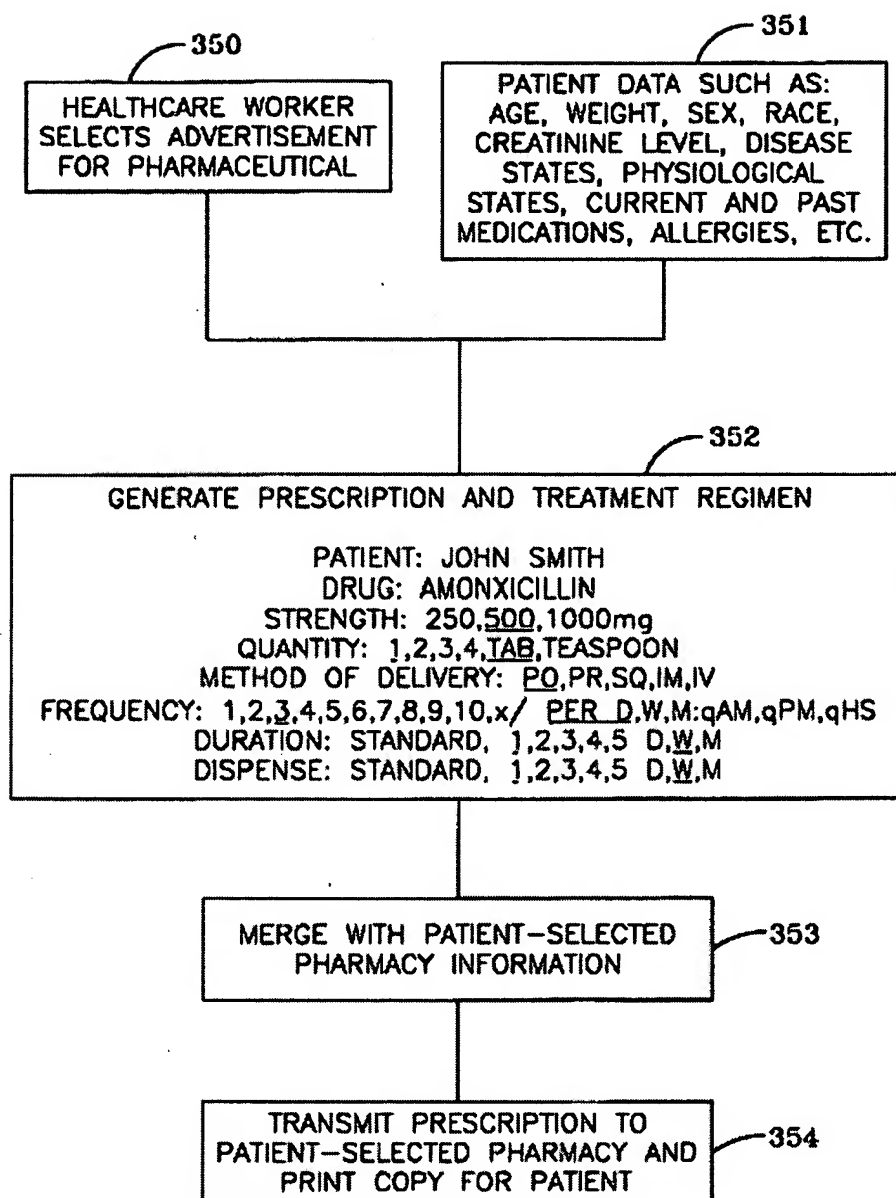


FIG-18A

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TOUCH ON THE STRENGTH, QUANTITY, METHOD OF DELIVERY,
FREQUENCY, DURATION, AND DISPENSING LEVEL TO SELECT.

PATIENT: JOHN SMITH
DRUG: AMONICILLIN
STRENGTH: 250, 500, 1000mg
QUANTITY: 1, 2, 3, 4, TAB, TEASPOON
METHOD OF DELIVERY: PO, PR, SQ, IM, IV
FREQUENCY: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, x/ PER D, W, M: qAM, qPM, qHS
DURATION: STANDARD, 1, 2, 3, 4, 5 D, W, M
DISPENSE: STANDARD, 1, 2, 3, 4, 5 D, W, M

FIG-18B

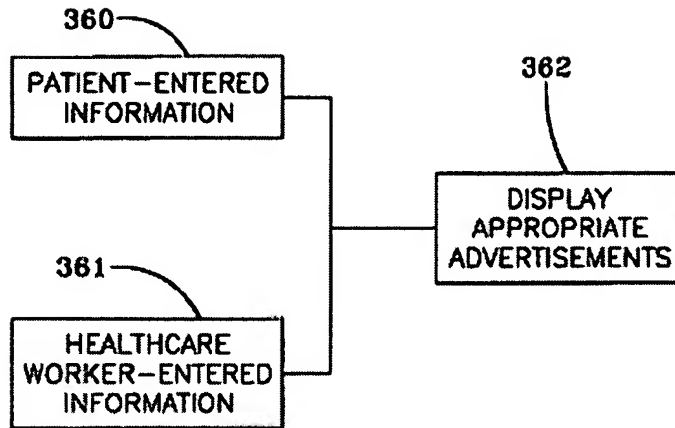


FIG-19

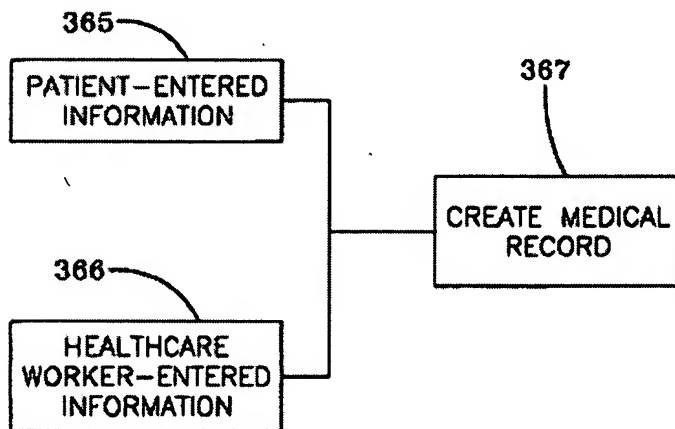


FIG-20

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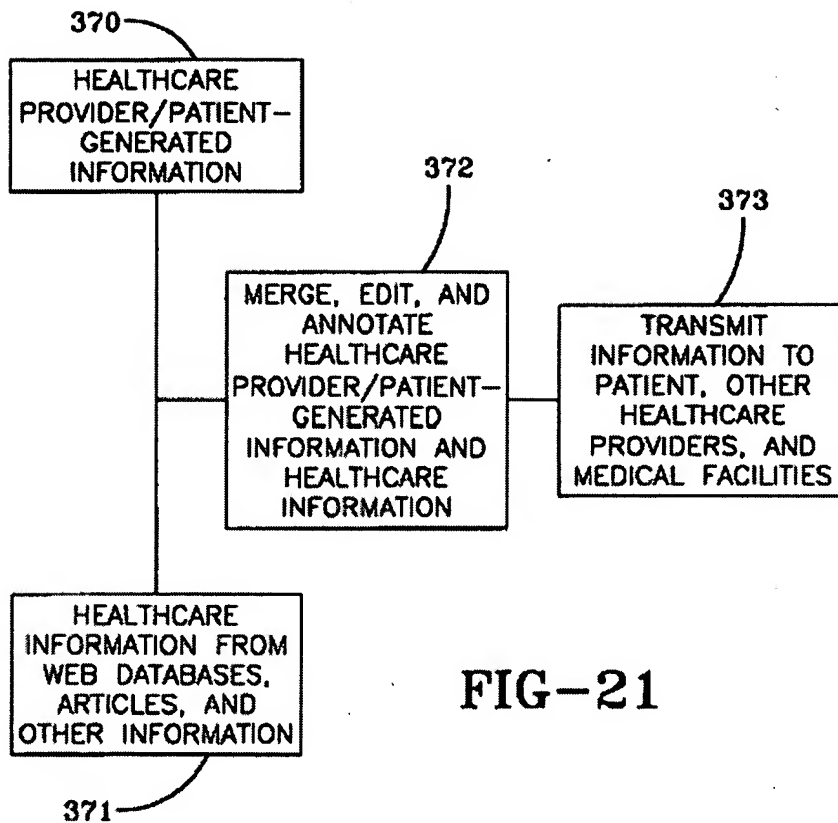


FIG-21

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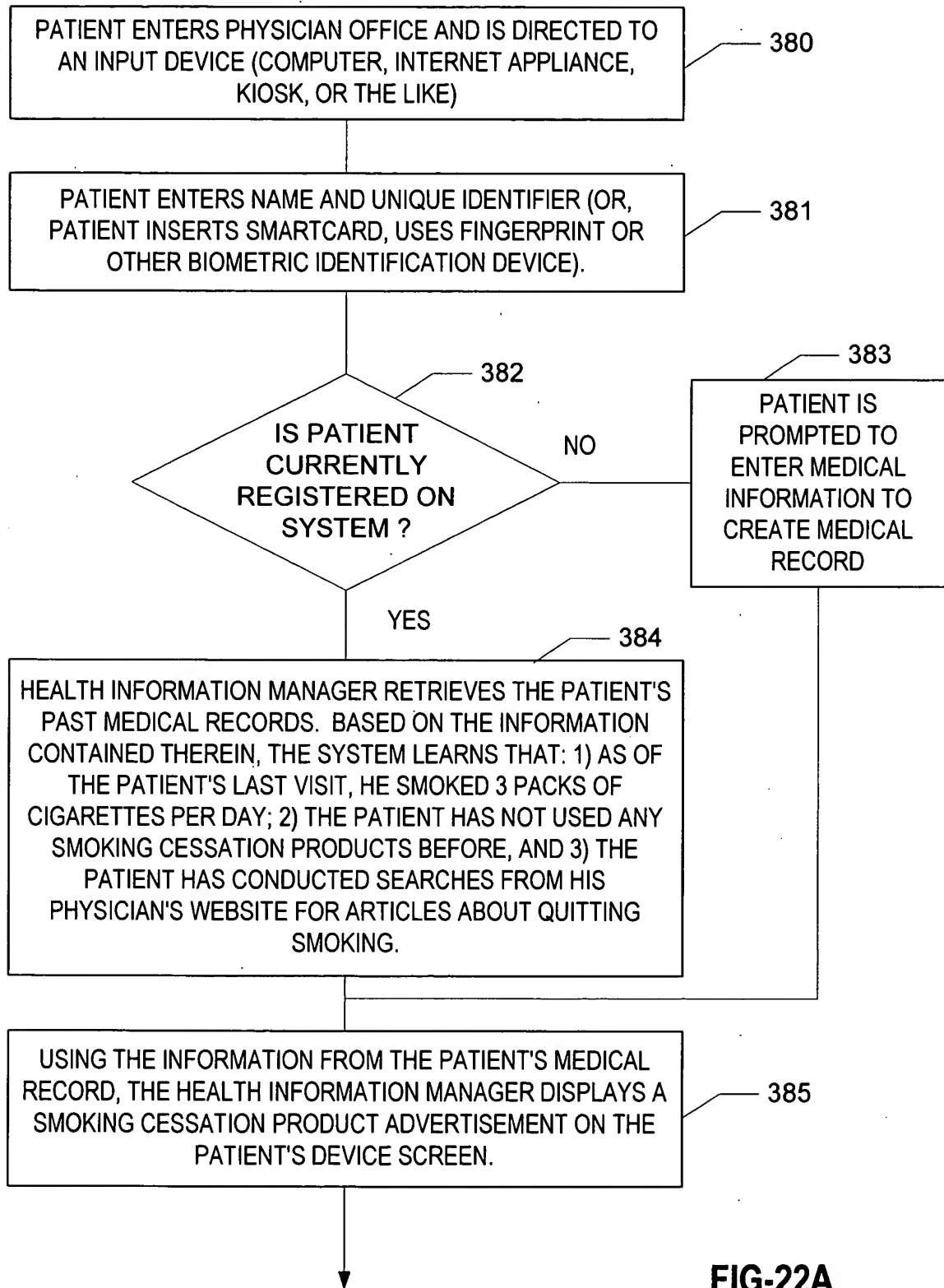
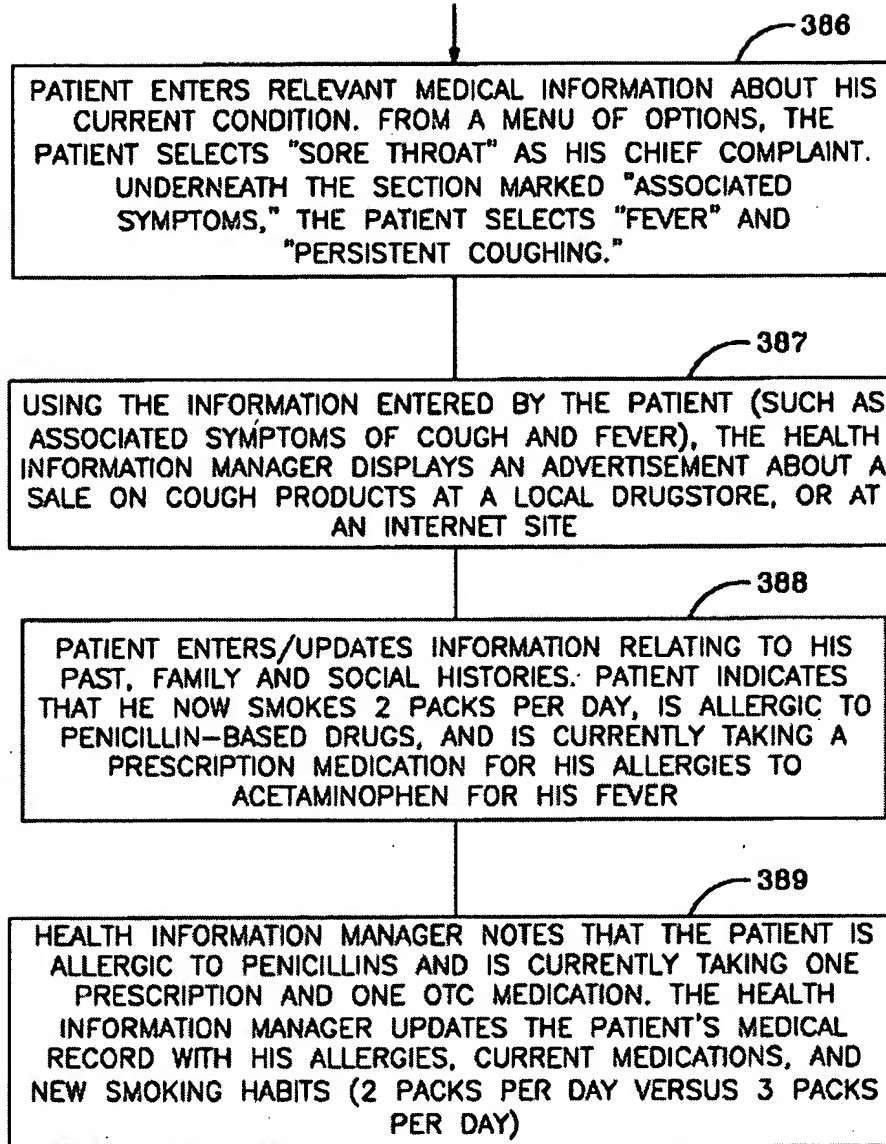


FIG-22A

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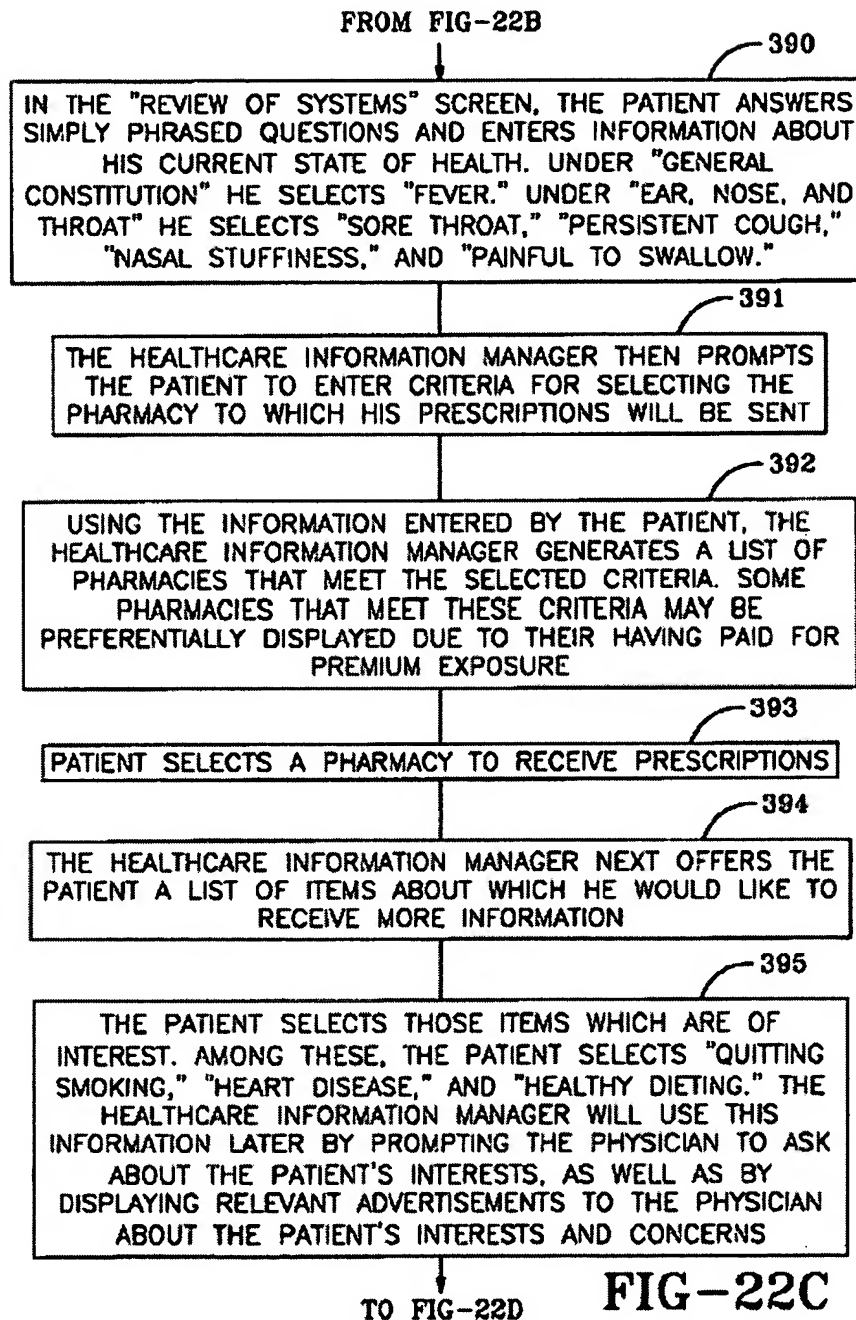
FROM FIG-22A



TO FIG-22C

FIG-22B

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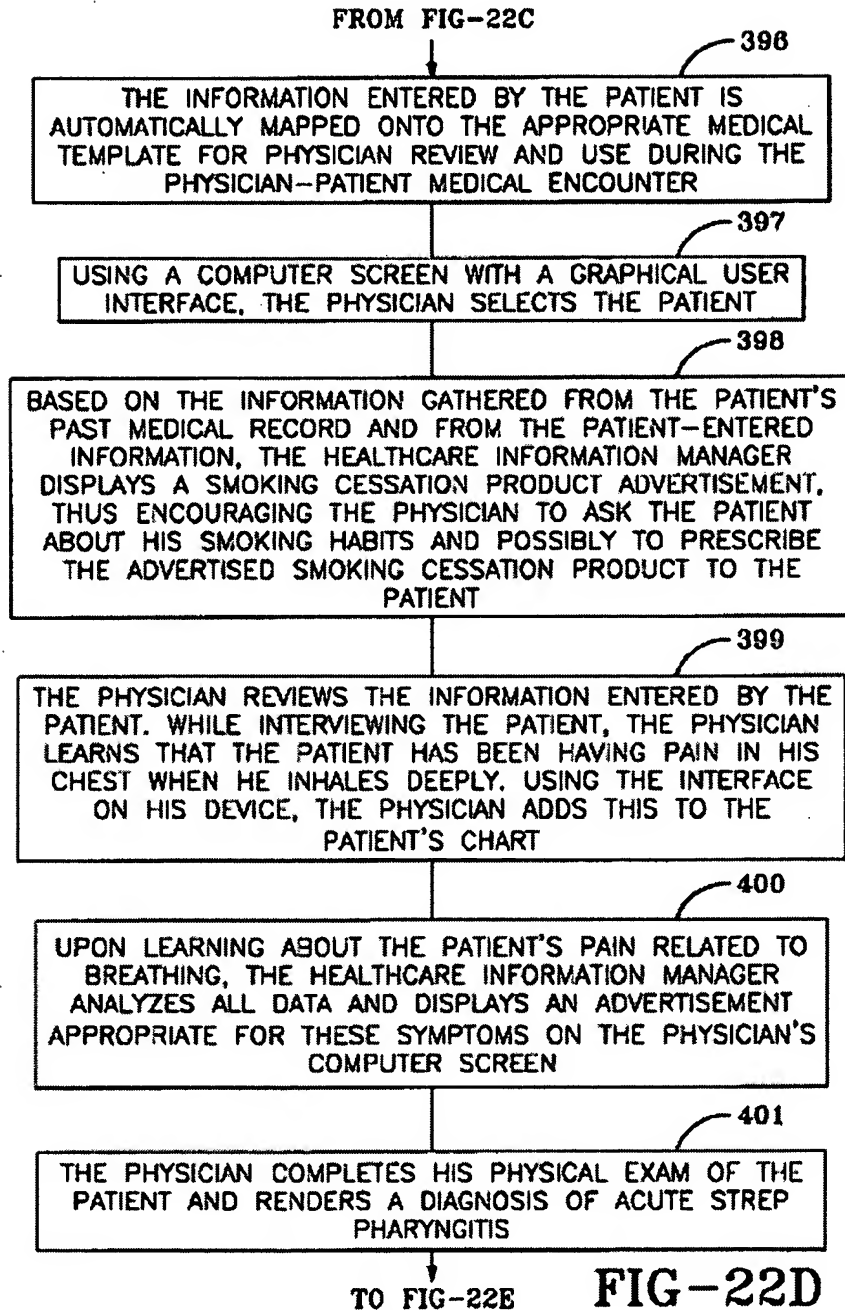
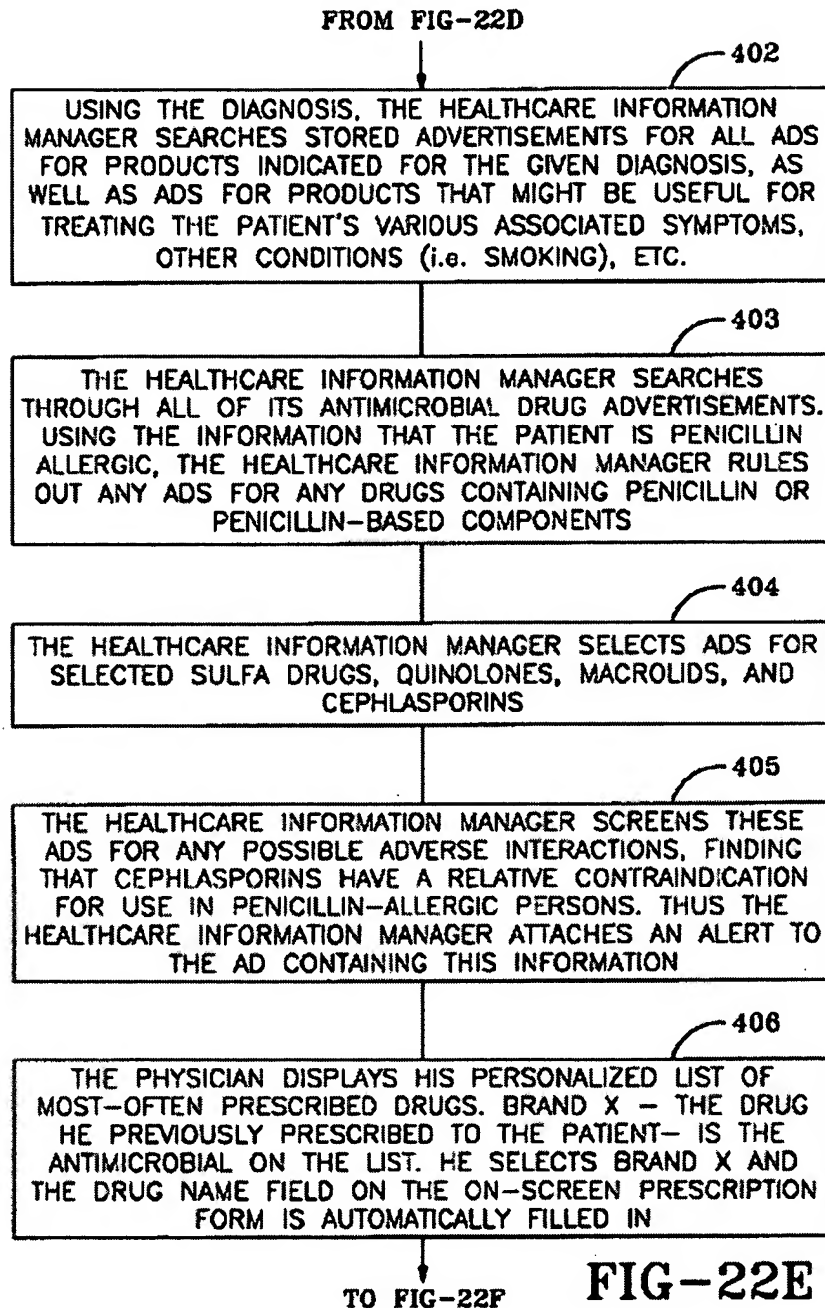
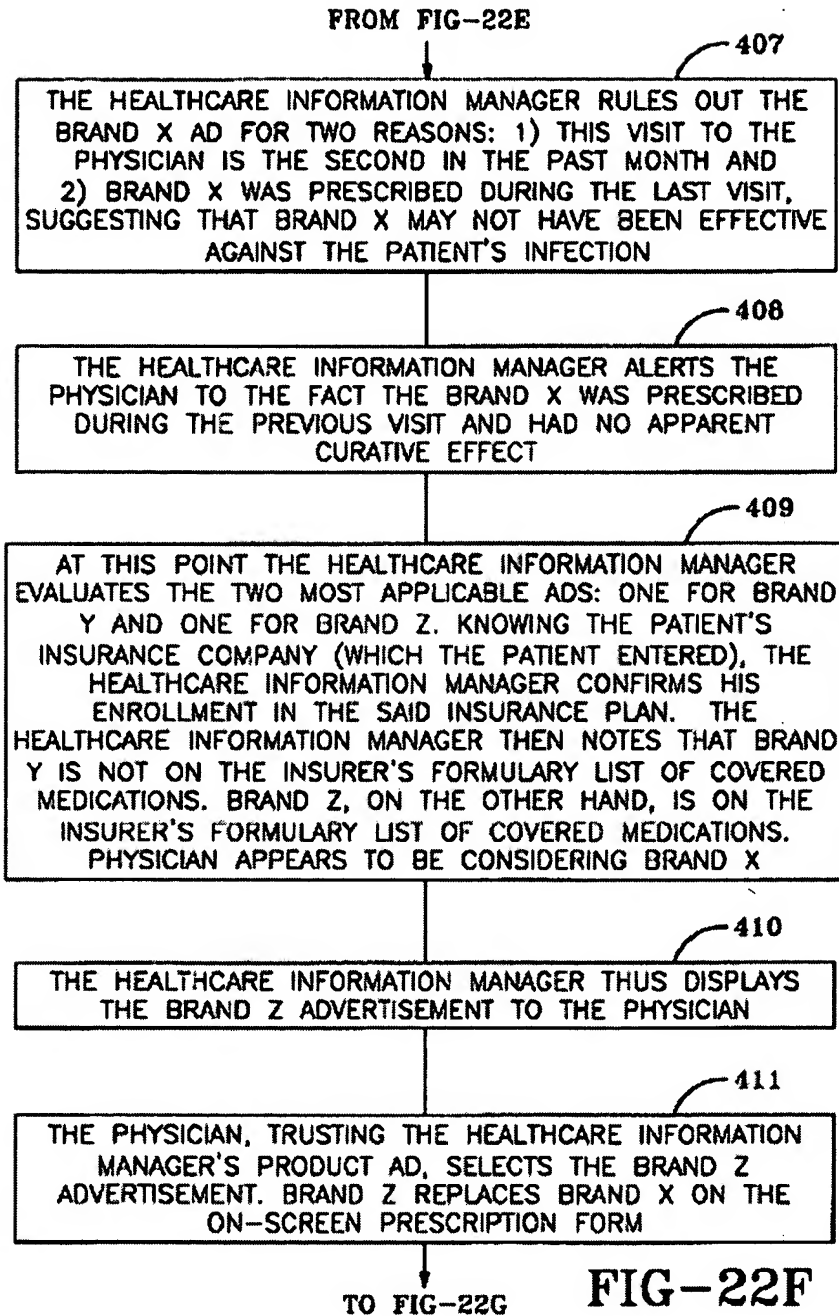


FIG-22D

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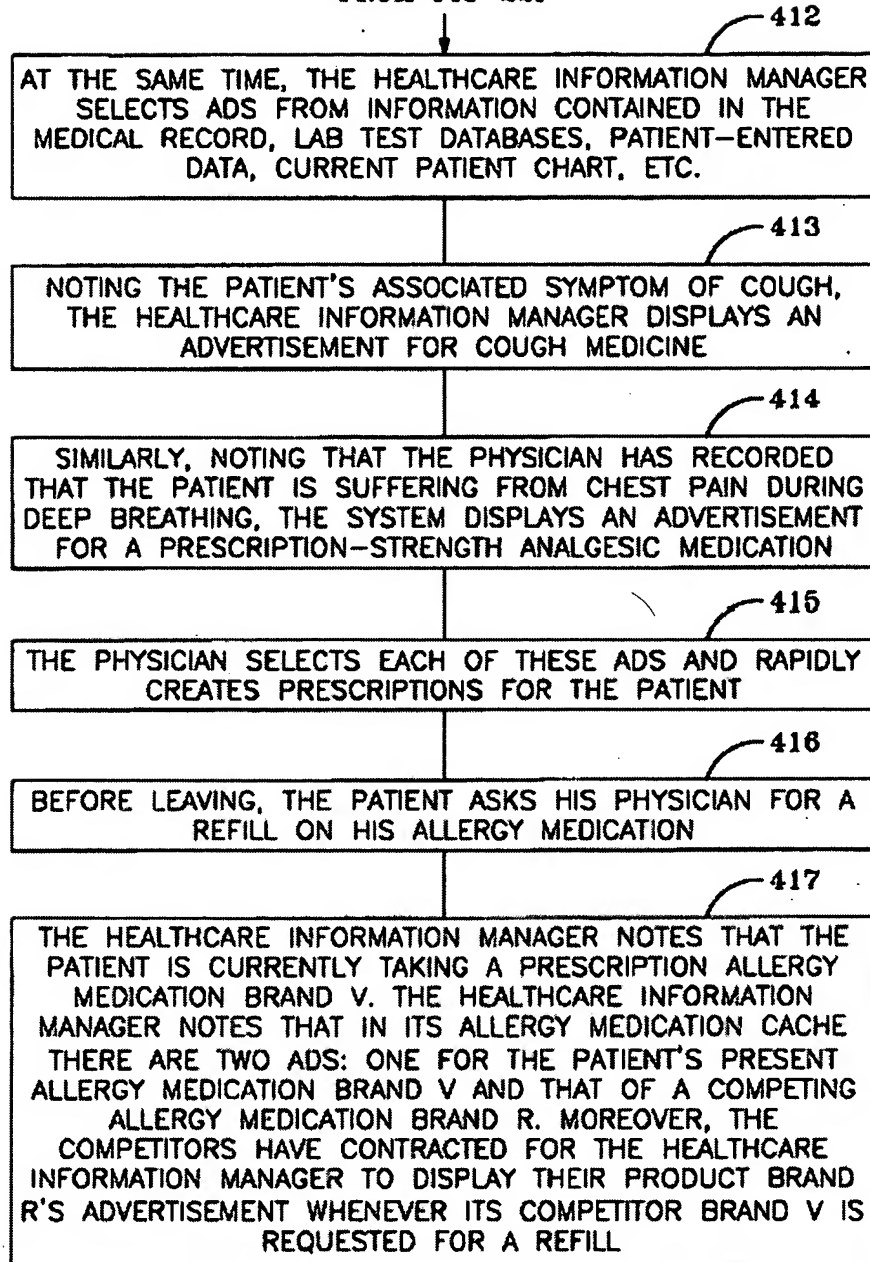
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FROM FIG-22F



TO FIG-22H

FIG-22G

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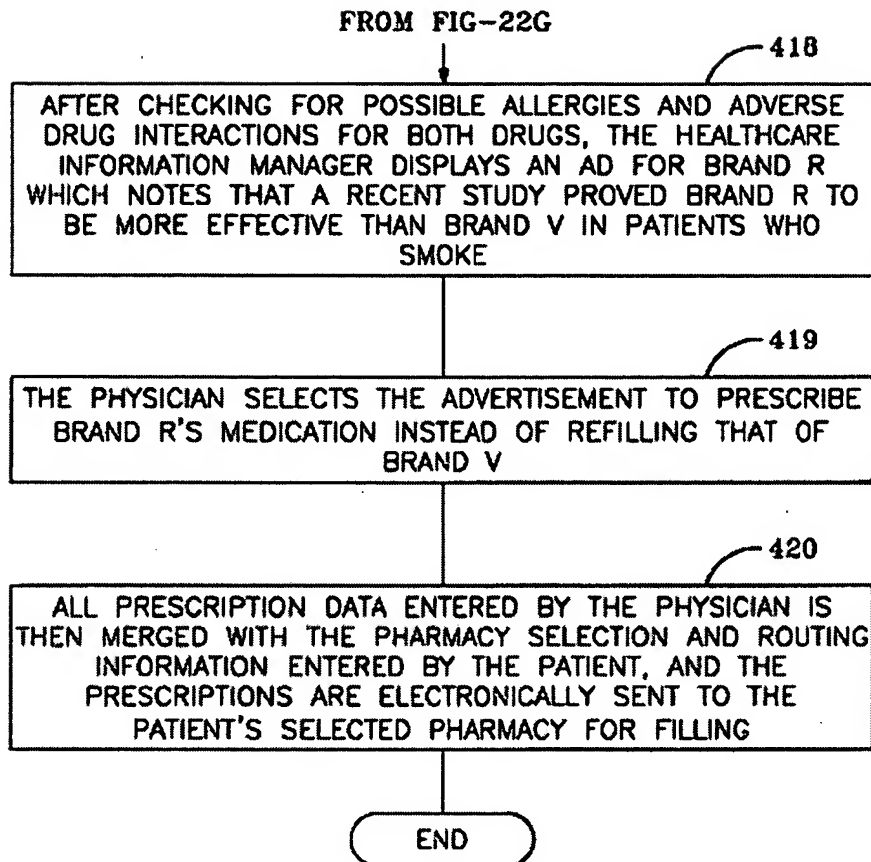


FIG-22H

| | | | | | | | | | | | | | | | | | |
|--|---|------------|-----------|---|--|---------------|---|--|--------------|--|--|-------------------|---|--|-------------------------|---|--|
| <p>PLEASE SELECT PHARMACY OPTIONS</p> | <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">ADVERTISEMENT</div> | <p>525</p> | | | | | | | | | | | | | | | |
| <p>Here you search for a participating pharmacy that meets your particular needs. Simply select from any or all of the options below. The next page will show a list of pharmacies that match your requested options. The pharmacy you then choose will receive your prescription information electronically, making it easier for you to get the medicine your doctor may determine you need.</p> <p>To select a particular item, touch the down arrow on the right and select your choice from the displayed list.</p> <p>Then touch the CONTINUE button on the screen.</p> <p>If you make a mistake and wish to clear your selections, touch RESET.</p> | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">PHARMACY:</td><td style="width: 45%;"><div style="border: 1px solid black; padding: 2px;">SELECT A PHARMACY</div></td><td style="width: 40%;"></td></tr><tr><td>AREA OF TOWN:</td><td><div style="border: 1px solid black; padding: 2px;">SELECT AREA OF TOWN</div></td><td></td></tr><tr><td>STORE HOURS:</td><td><div style="border: 1px solid black; padding: 2px;">SELECT STORE HOURS</div></td><td></td></tr><tr><td>DELIVERY OPTIONS:</td><td><div style="border: 1px solid black; padding: 2px;">SELECT DELIVERY OPTIONS</div></td><td></td></tr><tr><td>PRESCRIPTION INSURANCE:</td><td><div style="border: 1px solid black; padding: 2px;">SELECT PRESCRIPTION INSURANCE</div></td><td></td></tr></table> | | | PHARMACY: | <div style="border: 1px solid black; padding: 2px;">SELECT A PHARMACY</div> | | AREA OF TOWN: | <div style="border: 1px solid black; padding: 2px;">SELECT AREA OF TOWN</div> | | STORE HOURS: | <div style="border: 1px solid black; padding: 2px;">SELECT STORE HOURS</div> | | DELIVERY OPTIONS: | <div style="border: 1px solid black; padding: 2px;">SELECT DELIVERY OPTIONS</div> | | PRESCRIPTION INSURANCE: | <div style="border: 1px solid black; padding: 2px;">SELECT PRESCRIPTION INSURANCE</div> | |
| PHARMACY: | <div style="border: 1px solid black; padding: 2px;">SELECT A PHARMACY</div> | | | | | | | | | | | | | | | | |
| AREA OF TOWN: | <div style="border: 1px solid black; padding: 2px;">SELECT AREA OF TOWN</div> | | | | | | | | | | | | | | | | |
| STORE HOURS: | <div style="border: 1px solid black; padding: 2px;">SELECT STORE HOURS</div> | | | | | | | | | | | | | | | | |
| DELIVERY OPTIONS: | <div style="border: 1px solid black; padding: 2px;">SELECT DELIVERY OPTIONS</div> | | | | | | | | | | | | | | | | |
| PRESCRIPTION INSURANCE: | <div style="border: 1px solid black; padding: 2px;">SELECT PRESCRIPTION INSURANCE</div> | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-around; width: 100%;"><div style="border: 1px solid black; padding: 5px 15px;">CONTINUE</div><div style="border: 1px solid black; padding: 5px 15px;">RESET</div></div> | | <p>526</p> | | | | | | | | | | | | | | | |

FIG-23

PLEASE SELECT A PHARMACY

ADVERTISEMENT

527

The following pharmacies meet the requirements you requested:

528

| Select | Pharmacy | Area of Town | Address | Store Hours | Delivery Options | Rx Insurance |
|-----------------------|----------|--------------|-----------|-------------|------------------|--------------|
| <input type="radio"/> | Store A | Central | 426 Main | 24 hrs | None | Co-Pay |
| <input type="radio"/> | Store B | Central | 112 4th | 24 hrs | None | Co-Pay |
| <input type="radio"/> | Store C | Central | 9815 Park | 24 hrs | None | Co-Pay |

To select a particular pharmacy, touch the circular button to the left of the pharmacy's name. Then touch the CONTINUE button on the screen.
If you make a mistake and wish to clear your selections, touch RESET.
If you wish to change your options and search again, touch the BACK button.

FIG-24

45/55

YOUR PHARMACY OF CHOICE

529

ADVERTISEMENT

You have chosen the following pharmacy to fill any prescriptions given to you today by your doctor.

To confirm that this is where you want your prescriptions sent, touch CONFIRM.
If you wish to change your options and search again, touch the BACK button.


Store A
426 Main
Austin, TX
(512) 555-5875
Open 24 Hours

530

1st Street

Main

Park



CONFIRM

BACK

FIG-25

46/55

531

532

TARGETED
ADVERTISEMENT

TARGETED
ADVERTISEMENT

TARGETED
ADVERTISEMENT

John Doe, Welcome from Dr. Smith
☐ Update your Blood Pressure
☐ Make an Appointment
New Report about Smoking and Heart Attacks! [CLICK HERE](#)

TODAY'S CARDIOLOGY NEWS:
New Kind of Heart Surgery
The Best Way to Walk
New Study on Heart-Healthy Foods

ACADEMIC ARTICLES
Outpatient Infusions Increase Positive Outcomes for CABG
New Role of Lipids in CHF

Books on the Heart
Living Well with Hypertension
Running for Life: My Bout with MI
How Far We've Come: A Study of Cardiac Theory from 1500-2000
Women at Risk: Women and Carotid Dissection

FIG-26

Mr. Doe. please enter your blood pressure and click the GRAPH THIS ENTRY button: 533

Systolic / Diastolic 534

535 Graph This Entry

FIG-27

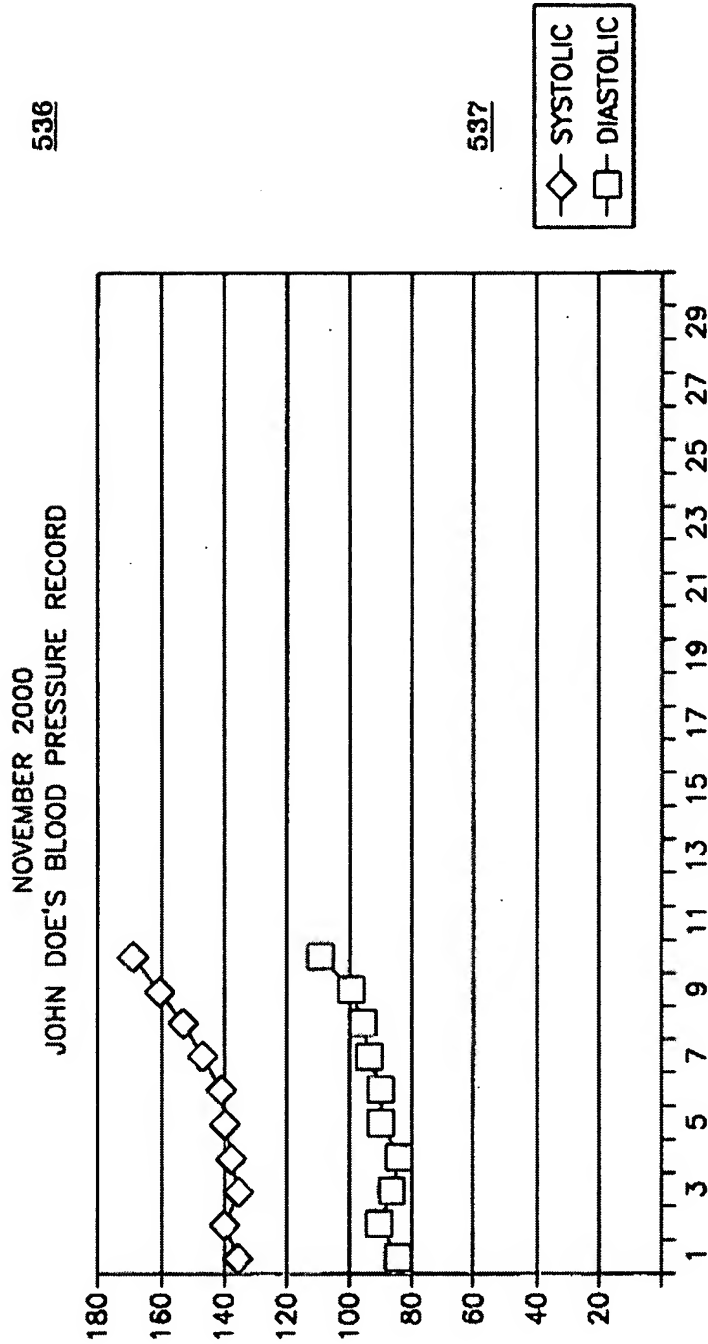


FIG--28

538

Mr. Doe, please select the title that most closely matches the problem you are having:

| | | |
|---|--|--|
| <input type="radio"/> Dental Pain/Problem | <input type="radio"/> Chest Pain/Discomfort | <input type="radio"/> Pain in Arm/Arms |
| <input type="radio"/> Dizziness | <input type="radio"/> Palpitations | <input type="radio"/> Pain in Upper Back |
| <input type="radio"/> Ear Pain/Problem | <input type="radio"/> Vision Problems | <input type="radio"/> Pain in Lower Back |
| <input type="radio"/> Headache | <input type="radio"/> Vomiting/Nausea/Diarrhea | <input type="radio"/> Pain in Leg/Legs |
| <input type="radio"/> Sore Throat | <input type="radio"/> Bloody Stool | <input type="radio"/> Pain in Foot/Ankle |
| <input type="radio"/> Cough/Congestion | <input type="radio"/> Abdominal (Belly) Pain | <input type="radio"/> Pain in Hand/Wrist |

Then touch the CONTINUE button on the screen.

CONTINUE

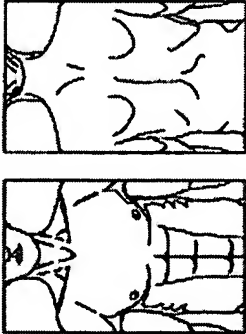
If you make a mistake and wish to clear your selections, touch RESET.

RESET

FIG-29

539

Mr. Doe, please tell us about the chest pain you are having:



When did your pain begin?

☐ While sleeping ☐ While resting
☐ While working ☐ While exercising

What makes the pain worse?

☐ Movement ☐ Exertion/Lifting
☐ Deep Breathing ☐ Nothing

What makes the pain decrease?

☐ Movement ☐ Rest
☐ Deep Breathing ☐ Nothing

How severe is your pain?

☐ Severe
☐ Moderate
☐ Mild

How long have you had this pain?

☐ Minutes ☐ Hours ☐ Days

Then touch the SEND button on the screen.

If you make a mistake and wish to clear your selections, touch RESET.

FIG-30

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| | | | | |
|---|-------------------------------------|--|-------------------------------|------------------------|
| PATIENT: JOHN DOE | | <u>Switch Patient/ Log-out</u> | | COMPANY LOGO |
| <u>History/ Physical Exam/ Diagnosis/ Rx / Narrative</u> | | | | |
| Patient's Current Medications (Click for Refills) | | Hot List for Selected Diagnosis | | |
| <u>Drug_A</u> | <u>Drug_B</u> | <u>Drug_E</u> | <u>Drug_F</u> | |
| <u>Drug_C</u> | <u>Drug_D</u> | <u>Drug_G</u> | <u>Drug_H</u> | |
| | | Select Medication by: | | |
| | | <u>Generic Name</u> <u>Trade Name</u> | | |
| | | <u>Class</u> <u>Formulary (by Class)</u> | | |
| | | <input checked="" type="checkbox"/> Allergies Checked | | |
| | | <input checked="" type="checkbox"/> Interactions Checked | | |
| | | <input checked="" type="checkbox"/> Formulary Checked | | |
| <div>541</div> <div>ADVERTISEMENT</div> | | | | |
| Prescription Pad | | | | |
| <u>Physician's Name / Signature</u> | | <u>John Doe</u> | | <u>Date</u> |
| <input type="button" value="Del"/> | <input type="button" value="Edit"/> | <u>Drug Q (with Prescribing Parameters)</u> | | |
| <input type="button" value="Del"/> | <input type="button" value="Edit"/> | <u>Drug V (with Prescribing Parameters)</u> | | |
| <input type="button" value="Del"/> | <input type="button" value="Edit"/> | <u>Drug A (with Prescribing Parameters)</u> | | |
| <u>PIN:</u> | | <input type="button" value="TRANSMIT"/> | <u>Physician's DEA Number</u> | |

FIG-31

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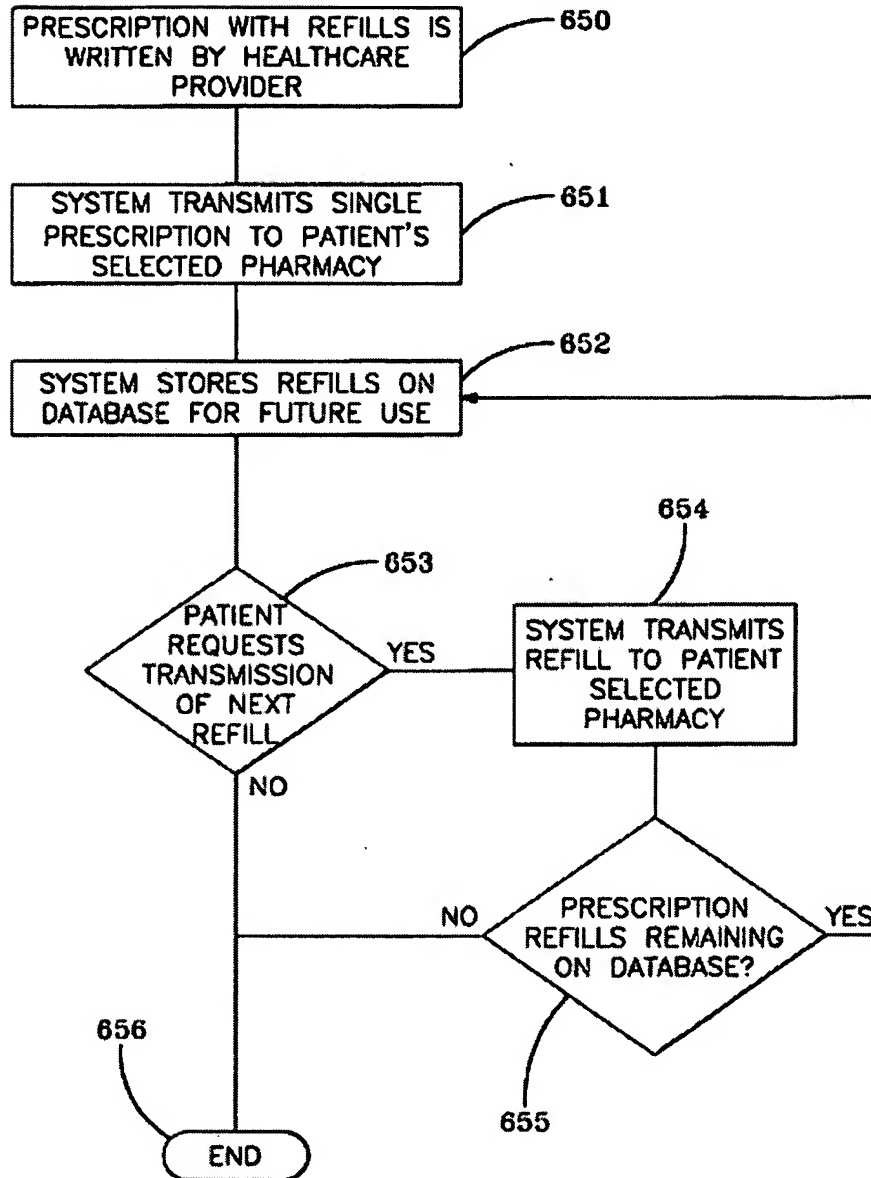


FIG-32

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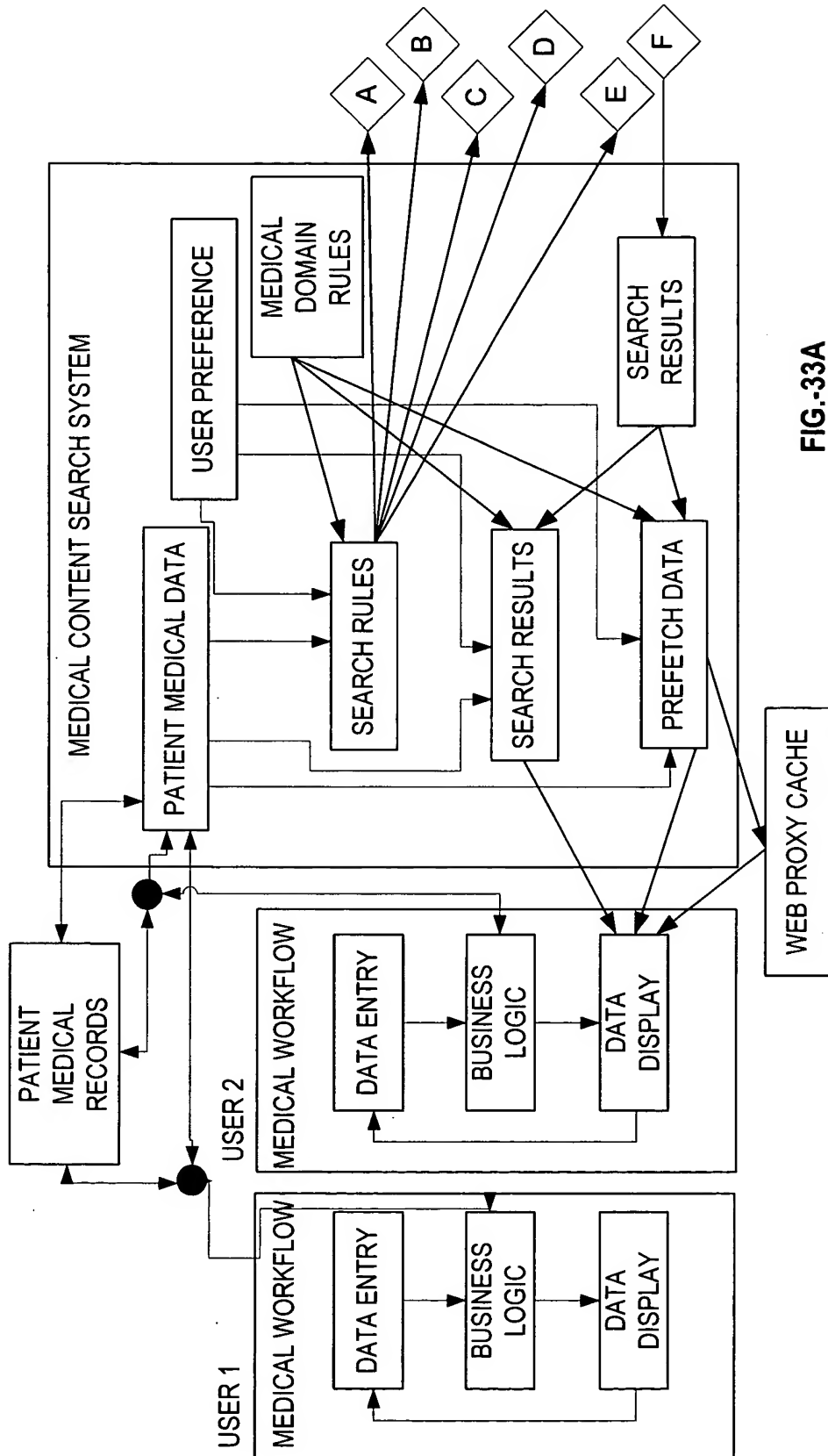


FIG.-33A

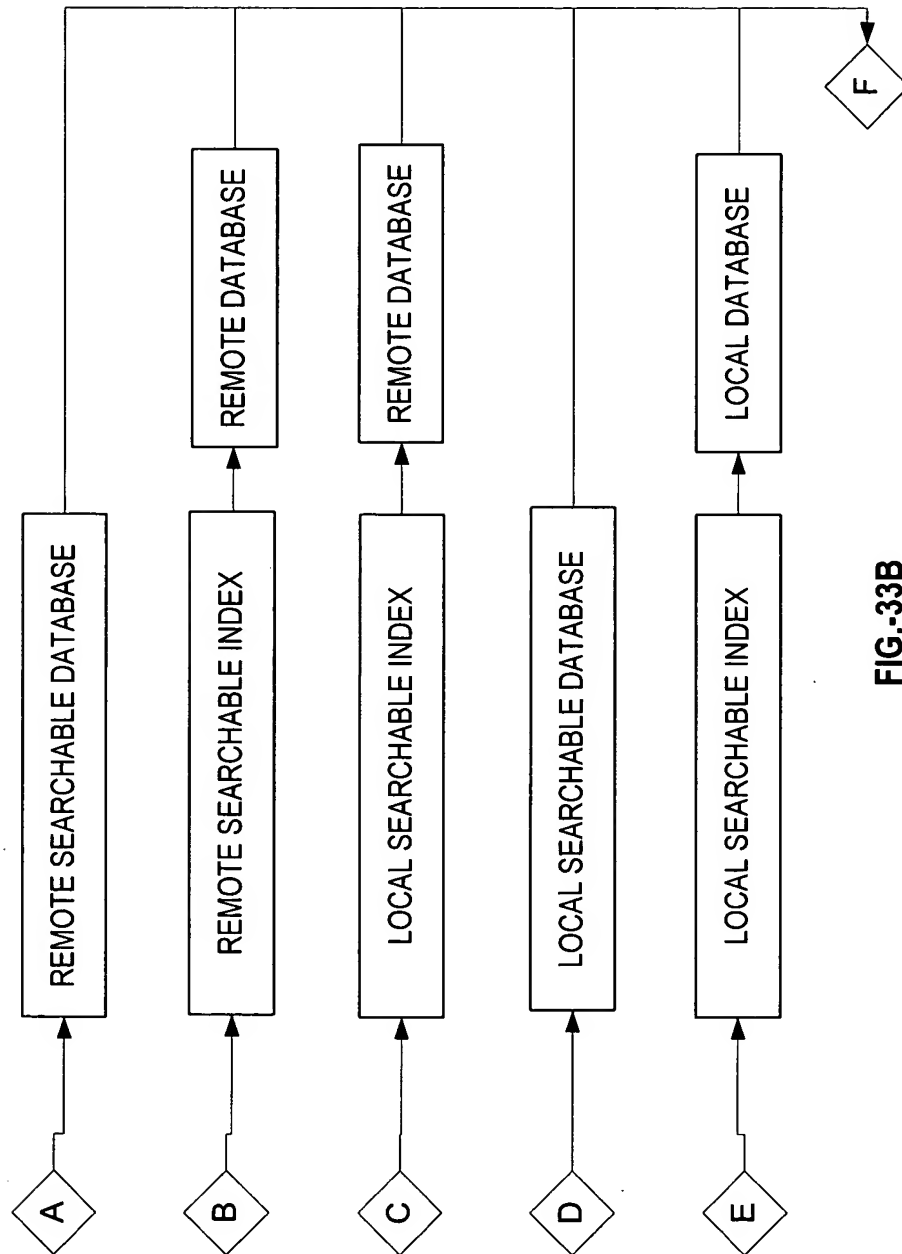


FIG.-33B

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FIG.-34

| | | | |
|---------|-----------|--------|------|
| HPI/ROS | PHYS EXAM | ORDERS | INFO |
| | | | |

FIG.-35

| | | | |
|---------|-----------|--------|--------|
| HPI/ROS | PHYS EXAM | ORDERS | INFO ● |
| | | | |

FIG.-36

| | | | |
|---------|-----------|--------|--------|
| HPI/ROS | PHYS EXAM | ORDERS | INFO ! |
| | | | |